



**COUNTY OF LINCOLN—PARTS OF KESTEVEN**

---

# **ANNUAL REPORT**

of the

**COUNTY MEDICAL OFFICER  
OF HEALTH**


for the year

**1950**

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**J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.**

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# COUNTY OF LINCOLN—PARTS OF KESTEVEN

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## HEALTH COMMITTEE

(Constitution as at 31st December, 1950)

### *Chairman :*

Lieut.-Com. J. CRACROFT-AMCOTTS, D.S.C., D.L.

### *Vice-Chairman :*

Alderman Mrs. G. H. SCHWIND, M.B.E.

### Aldermen

T. W. ATKINSON  
C. W. BARRAND  
Mrs L. BASFORD  
H. DEER

A. EVERETT  
F. J. JENKINSON (*ex-officio*)  
Sir R. PATTINSON, D.L. (*ex-officio*)  
F. D. TROLLOPE-BELLEW

### Councillors

Mrs. J. W. BROWSE  
Mrs. E. F. BULLIMORE  
R. A. COLLINS  
J. D. DAY  
C. H. FENELEY  
W. GRIFFIN  
H. E. HOUGH  
G. W. HUTSON  
J. IRESON

Rev. C. LETTS  
J. W. MILNER  
H. H. MORRIS  
M. OGDEN  
F. L. PRESTON  
H. K. SCRIMSHAW  
H. SKELLS  
Mrs. L. M. WARD  
Mrs. V. M. P. WEBSTER

### CO-OPTED MEMBERS

Mrs. J. CRACROFT-AMCOTTS	The Hon. Mrs. D. N.
Mrs. B. PALMER	TROLLOPE-BELLEW
	Mrs. C. J. WILLOWS

*Representing Kesteven Local Medical and Panel Committee :*

Dr. R. G. NETHERY

*Representing Kesteven Local Dental Committee :*

F. H. WALLACE, L.D.S., R.C.S. (Eng.)

## PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

*County Medical Officer of Health :*

*School Medical Officer :*

*Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives :*

*Medical Officer for Mental Health Services :*

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

*Deputy County Medical Officer of Health, Deputy School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare :*

T. J. O'SULLIVAN, M.A., M.D., D.P.H., L.M.

*Assistant County Medical Officers, Assistant School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time)*

W. ANLEY HAWES, M.B., B.S., D.P.H.

R. F. McKEOWN, M.B., B.A.O., B.Ch., D.P.H. (resigned 31/1/50).

R. M. ROSS, M.B., Ch.B., D.P.H. (appointed 1.2.50).

V. B. TULLOCH, M.B., Ch.B., D.P.H.

W. PARKER HARRISON, M.R.C.S., L.R.C.P.

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### Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards :—

*Orthopaedic Surgeons :*

G. A. C. SHIPMAN, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

D. RYAN, M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

*Ophthalmic Surgeons :*

G. M. BARLING, M.B., D.O.M.S.

W. A. BRIGGS, M.B., B.Ch., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

*Consulting Physician for Rheumatism and Heart Diseases :*

J. W. BROWN, M.D., F.R.C.P.

*Ear, Nose and Throat Surgeons :*

G. W. MOREY, M.B., B.S., D.L.O.

D. A. DRAFFIN, M.B., Ch.B., B.A.O., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

*Dermatologists :*

A. D. FRAZER, M.D., D.P.H.

E. C. RITTFR, M.B., Ch.B., M.R.C.P.

---

*Senior Dental Surgeon : Vacant.*

*Dental Surgeons :*

G. TURNER, L.D.S. (resigned 25/4/50)

Three Vacancies.

*Public Analyst (Part-time)*

W. W. TAYLOR, B.Sc., F.I.C.

*County Nursing Superintendent :*

*Non-Medical Supervisor of Midwives :*

MISS M. HUGHES

*Assistant County Nursing Superintendents :*

Miss G. D. BUCKNOLE (resigned 21/10/50)

Miss P. M. PARKER

*County Health Visitors :*

Mrs. H. M. ANDREWS

Miss M. BRAY

Miss B. C. BROGAN (appointed 27/4/50)

Miss B. BROWN

Mrs. E. HOLLAND

Miss E. M. JONES

Miss E. McNAIR

Miss A. ROOKE

Miss M. E. STAMFORD

Miss E. M. WOOD

Also 22 District Nurse-Midwives act as part-time Health Visitors

*Physiotherapists :*

Miss E. A. PECK, S.R.N., C.S.P., M.E.

Mrs. G. E. ROBINSON, C.S.P. (appointed 13/2/50) (Temp. part-time from 2. II 50)

*County Almoner :*

Miss M. A. L. HOWARD, B.A., A.M.I.A.

*Matron, St. Catherine's Road Day Nursery, Grantham :*

Mrs. M. E. HIBBERD

*County Sanitary Officer :*

G. A. FARROW, M.R.San.I., M.S.I.A., A.M.Inst.P.C.

*Dental Attendants :*

Miss B. M. MITTON (resigned 27/5/50)

Three Vacancies

*Non-Medical Staff—Mental Health Services :*W. E. VICKERS, M.B.E. (*Chief Authorised Officer*)

W. HOLMES, Authorised Officer—North Kesteven District

N. A. CLARKE, Authorised Officer—East Kesteven District

W. A. PERKINS, Authorised Officer—South Kesteven District

B. J. BROWN, Authorised Officer—West Kesteven District

J. W. ALLPRESS, Authorised Officer at Headquarters

*Chief Clerk :*

W. S. DENCH

**District Medical Officers of Health and Sanitary Inspectors**

<i>District</i>	<i>Medical Officer of Health (all part-time appointments)</i>	<i>Sanitary Inspector</i>
Borough of Grantham	R. F. McKeown, M.B., B.A.O., B.CH., D.P.H. (resigned 31/1/50). R. M. Ross, M.B., Ch.B., D.P.H. (appointed 1/2/50).	C. Taylor
Borough of Stamford	W. Anley Hawes, M.B., D.P.H.	L. J. Roll
Urban District of Sleatord	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell
Urban District of Bourne	J. A. Galletly, M.B., D.P.H.	W. H. Howard
Rural District of North Kesteven	W. Sharrard, M.B.	J. Chadwick
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville
Rural District of South Kesteven	J. A. Galletly, M.B., D.P.H.	W. A. Chivers
Rural District of West Kesteven	R. F. McKeown, M.B., B.A.O., B.CH., D.P.H. (resigned 31/1/50). R. M. Ross, M.B., Ch.B., D.P.H. (appointed 1/2/50).	J. Dean

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## COUNTY OF LINCOLN—PARTS OF KESTEVEN

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Mr. Chairman, My Lord, Ladies and Gentlemen,

This Annual Report for 1950 is the third since the implementation of the National Health Service Act.

The vital statistics show that the health of the County remained satisfactory. Although a slight decline in the birth rate occurred, it still remained higher than for some years before the war. The infant mortality rate was maintained at the low figure of 41.3 per 1,000 live births, being only slightly above the average for the previous ten years. Maternal mortality also continued low, there being only one death from this cause.

The general death rate for the County has fallen considerably since the beginning of the century, but it is to be expected that, with the increasing age of the population, this fall must soon be arrested. The Crude Death Rate was 11.20 in 1950 as compared with 11.77 for 1949, but a strict comparison is not possible as the Registrar-General has included non-civilian deaths in his annual returns for 1950.

One major reason for the increasing age of the population is the comparatively recent discovery of the sulphonamide group of drugs and the antibiotic treatments such as penicillin. It is now possible for medical practitioners to cure persons, particularly the elderly, who formerly were carried off by terminal illnesses such as pneumonia.

The general ageing of the population will increasingly bring its own problems to solve, not least of which is the provision of hospital beds for the chronic sick. The shortage of these for treatment of the elderly and the mentally deficient is a problem for the Regional Hospital Boards to solve. The effect of this shortage of hospital accommodation, however, brings into prominence the domiciliary and welfare services of the County Council. There is no doubt that our care and after-care services provided under Section 28 of the National Health Service Act have been a real help to persons who for various reasons have been unable to help themselves. The Nurses, Health Visitors, Almoner, Physiotherapists and Authorised Officers have in particular helped large numbers of the tuberculous, sufferers from heart disease, diabetes and other chronic complaints, as well as cases of mental disorder or defect. Owing to the high cost of maintaining persons in hospitals and institutions it is decidedly more economical to carry out in suitable cases treatment in the home. Steady progress has been made in the development of the various schemes administered under Part III of the National Health Service Act, each section making its own contribution to the promotion of the health and well-being of the public.



In the second half of the year a serious epidemic of Poliomyelitis broke out in the East Kesteven Rural District. This outbreak presented some unusual features and gave an opportunity to the County Public Health Department to study the epidemiological aspects of this disease. A full report on this epidemic is given on page 44. It is of considerable interest to record that our investigations enabled us to prove how this disease is usually spread, a subject which hitherto has been completely obscure. While it was formerly known that the disease could be spread by contact with infectious cases or carriers, or through flies, infected food or water and sewage, etc., the predominant method of spread of the disease was unknown. This outbreak in Kesteven revealed that the predominant if not the sole means of spread of poliomyelitis is by personal contact with infectious persons. This knowledge will be of great value and assistance to epidemiologists in the future control of the disease. Hence in future outbreaks Medical Officers of Health should concentrate upon measures to prevent spread of poliomyelitis by case contact infection.

I again take this opportunity of expressing my appreciation of the support given me by members of the County Council and its Committees, and of the loyal co-operation and work of all members of my staff.

I am, My Lord, Ladies and Gentlemen,

Yours faithfully,

A. H. C. Clarke

Public Health Department,  
County Offices, SLEAFORD.  
20th July, 1951.

## STATISTICS AND SOCIAL CONDITIONS

### General Statistics

Area of Administrative County (in acres)	...	463,490
Population (Census 1921)	... ..	108,237
Population (Census 1931)	... ..	110,360
Total Population (i.e. including Non-civilians (Registrar-General's estimate, 1950)	... ..	129,810
Number of inhabited houses (Census 1921)	...	25,456
Number of inhabited houses (Census 1931)	...	27,590
Number of families or separate occupiers (1921)	...	25,823
Number of families or separate occupiers (1931)	...	27,845
Raleable Value (1st April, 1951)	... ..	£575,805
Estimated product of a penny rate, 1950-51	...	£2,242

### Extracts from Vital Statistics for the Year 1950

#### NOTE: Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven (obtained by taking an average of the individual figures supplied for each Borough, Urban and Rural District in the administrative area) are 1.04 and 0.96 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett rate.

Live Births:				Males	Females	Totals	
Total	...	...	...	1138	1044	2179	
Legitimate	...	...	...	1074	984	2058	
Illegitimate	...	...	...	64	57	121	
Crude Live Birth Rate per 1,000 of estimated population						16.78	
Nett Live Birth Rate per 1,000 of estimated population						17.45	
Rate for England and Wales				...	...	...	15.8
Stillbirths:				Males	Females	Totals	
Total	...	...	...	24	24	48	
Legitimate	...	...	...	23	23	46	
Illegitimate	...	...	...	1	1	2	
Stillbirth Rate per 1,000 of estimated population						0.37	
Rate for England and Wales				...	...	...	0.37
Rate per 1,000 births—live and still						...	21.55
				Males	Females	Total	
Deaths	...	...	...	758	697	1,455	
Crude Death Rate per 1,000 of estimated population						11.20.	
Nett Death Rate 10.75.						Rate for England and Wales 11.6	
<b>Maternal Mortality</b> (i.e. Deaths due to Pregnancy, Childbirth or abortion).							
No. of deaths	...	...	...	...	...	...	1
Rate per 1,000 total births (i.e. live and still)						0.45	
Rate for England and Wales						...	0.86

# **Infant Mortality** (i.e. Deaths of Infants under the age of one year).

			Males	Females	Totals
No. of Deaths	...	...	54	36	90
Legitimate	...	...	51	35	86
Illegitimate	...	...	3	1	4
All Infants:		Kesteven		England and Wales	
Rate per 1,000 live births			41.30		29.8
Legitimate Infants:					
Rate per 1,000 legitimate live births			41.79		—
Illegitimate Infants:					
Rate per 1,000 illegitimate live births			33.07		—

Of the total infant deaths, 57 or 63.3 % occurred amongst children under four weeks of age.

## **Births:**

The Live Birth Rate of 16.7 per thousand of the estimated population showed a decrease on the previous year. The number of live births belonging to the Administrative County was 2,179 (1,138 males and 1,041 females) compared with 2,231 (1,162 and 1,069) in 1949.

The 121 illegitimate live births—representing 5.5 per cent of the total—showed a slight decrease on the figure for the previous year, when there were 129 (5.7 per cent of the total) such births.

The number of Stillbirths (48) although a little higher than last year still remained well below the average for the previous 10 years and the Stillbirth Rate (0.37) was also below the average for the same period.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1936, is of interest:—

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	* Rate	No.	* Rate
1936	1,517	73	1,590	14.09	66	0.59
1937	1,536	72	1,608	14.16	73	0.64
1938	1,569	98	1,667	14.57	70	0.61
1939	1,637	85	1,722	14.81	80	0.69
1940	1,665	88	1,753	15.91	58	0.53
1941	1,749	110	1,859	16.39	62	0.55
1942	1,927	165	2,092	18.47	66	0.58
1943	1,967	162	2,129	18.53	60	0.52
1944	2,045	200	2,245	19.75	64	0.56
1945	1,939	267	2,206	19.97	68	0.62
1946	2,094	176	2,270	20.06	65	0.57
1947	2,306	156	2,462	21.37	62	0.54
1948	2,130	168	2,298	19.2	67	0.56
1949	2,102	129	2,231	18.45	39	0.32
1950	2,058	121	2,179	16.78	48	0.37

\*In calculating these rates for the years 1936-49 Civilian population figures were used while for 1950 the Total population figure—the only one supplied—has been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, was 2,217—2,179 live births and 38 stillbirths.

Details regarding Births in each of the 8 County Districts will be found in Table I, on page 55.

### Deaths :

In the tables relating to the classification of deaths which appear at the end of this Report it will be noted that there is a considerable variation in the headings as compared with those included in the tables for previous years. This is due to the fact that details of deaths as now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use since 1940.

*Chief Causes of Death.*—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year :—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Disease	256	1.97
Vascular lesions of Nervous System	203	1.56
Other defined and ill-defined Diseases	173	1.33
Coronary Disease, Angina	152	1.17
Other Malignant and Lymphatic Neoplasms	117	0.90
Bronchitis	70	0.53
Other Circulatory Disease	58	0.44
All other accidents	47	0.36
Pneumonia	45	0.34
Hypertension with Heart Disease	43	0.33
Malignant Neoplasm, Stomach	39	0.30
Tuberculosis, Respiratory	26	0.20

The Crude Death Rate from all causes for the County was 11.20 per thousand of the estimated population, while the Net Rate was 10.75 compared with 10.9 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area, was 1,455, 758 males and 697 females; the figures for 1949, exclusive of non-civilians, were 1,423, 743 and 680 respectively. The proportion of deaths over 65 years of age was 68.1 per cent in the year under review, as compared with 67.0 per cent in 1949, 64.9 per cent in 1948, 65.8 per cent in 1947 and 64.5 per cent in 1946.

There were 90 deaths of infants under one year, representing an Infant Mortality Rate of 41.30 per thousand live births.

There was 1 death from maternal causes during 1950 representing a Maternal Mortality Rate of 0.45 per thousand total live and still births somewhat lower than the figure for the Country as a whole 0.86 . There were 5 such deaths in the previous year and 2 in 1948.

The following Table showing the number of deaths and rates during the past 15 years may be of interest :

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1936	1,276	11.31	74	46.54	6	3.62
1937	1,384	12.19	103	64.05	3	1.78
1938	1,306	11.42	89	53.39	4	2.47
1939	1,405	12.23	72	41.71	5	2.77
1940	1,511	13.72	85	47.78	5	2.76
1941	1,388	12.24	86	45.84	11	5.67
1942	1,353	11.94	87	41.59	8	3.71
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45

\*For the years 1936-49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950 returns and the Total population figure has therefore been used in determining the Rate for that year.

The deaths registered under Heart Disease during 1950 numbered 451. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 3.47 was 0.18 lower than in 1949. The following is a statement of fatalities from Heart Disease during the 15 years 1936-1950.

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated popu- lation	Percentage to total Deaths from all causes
1936	306	2.71	23.9
1937	336	2.95	24.3
1938	321	2.81	24.5
1939	381	3.33	27.1
1940	361	3.28	23.8
1941	297	2.62	21.4
1942	302	2.67	22.3
1943	309	2.69	21.9
1944	316	2.78	24.3
1945	362	3.28	27.4
1946	350	3.09	25.8
1947	391	3.39	28.5
1948	387	3.23	29.3
1949	441	3.65	30.9
1950	451	3.47	31.0

Further information regarding the causes of death, etc., will be found on page 56 and in Table III (inset).

## **CARE OF MOTHERS AND YOUNG CHILDREN**

### **Infant Welfare Centres :**

One additional centre, that at Martin, was taken over during the year, while a new one was opened at Great Gonerby. The total number of centres being maintained by the County Council at the end of the year was, therefore, 33; three of these were weighing centres only.

Records for the year show that 22,470 attendances were made at the centres—12,300 by infants under one year and 10,170 by children aged 1—5 years; comparative figures for the previous year were 22,555, 12,669 and 9,886 respectively.

The number of individual infants under one year who attended was 1,890 and individual children aged 1—5 years totalled 1,901, making 3,791 in all; the corresponding figures for last year were 1,862, 1,749 and 3,611 respectively.

Children who attended for the first time were as follows: infants, 1,216, children aged 1—5 years, 461, giving a total of 1,677.

Consultations with the medical staff numbered 5,940 and 21,781 weighings were undertaken.

Individual figures for each centre are contained in Table V, page 58 of this Report.

### **Ante and Post Natal Services :**

There were no changes in the arrangements as described in my last Report.

As was to be expected the demands on the Council's general practitioner ante and post natal service continued to diminish with the growth of the National Health Maternity Medical Services. In fact in only 3 instances were doctors called upon to examine patients under the scheme—2 ante-natally and 1 post-natally.

The Ante-Natal Clinic at 40, Westgate, Grantham, continued in operation throughout the year, a total of 24 sessions being held. Forty-seven expectant mothers attended and 157 examinations were carried out; in addition, 6 patients attended for routine post-natal examination. The average number of examinations conducted per session was, therefore, 7 as against 10 for the preceding year.

### **Birth Control Clinic :**

During the year the County Council approved the establishment of a Birth Control Clinic at the Maternity and Child Welfare Centre, 40, Westgate, Grantham. The Clinic which is being held once a month, was opened in September and Dr. E. Burbidge of the Married Women's Advisory Clinic at Peterborough, was appointed Medical Officer in charge.



Under this service any married woman in the area can be referred for advice on birth control practice where this is desirable on medical grounds.

Seven women attended the Clinic from the time it opened up to the end of the year, and they made a total of 11 attendances. In addition arrangements were made with the Lincoln City Health Department for 6 cases, mainly from the north of the County, to attend their Clinic.

It is too early to assess what the demand on the Grantham clinic will eventually be but there are indications that it will increase considerably as the service becomes more widely known.

### **Consultant Services :**

In my last Report I referred to the sustained representations that had been made to the Regional Hospital Boards concerning the desirability of keeping intact the comprehensive consultant service for children that had been built up by the County Council over the years prior to the introduction of the National Health Service. This service, based on the Authority's clinics conveniently situated throughout the County was meeting a very real need which it was felt could not be met nearly so satisfactorily if it were to be absorbed into the hospital system. By the end of the year I was able to report that the Boards were co-operating in providing the necessary specialist staff for these clinics. As a result little change ensued in the pattern of clinics as established by the County Council. In fact there were only two clinics transferred, i.e. the Grantham Dermatology Clinic - from Beaconfield to the Grantham and Kesteven Hospital - and the Stamford Rheumatism and Heart Clinic - to the Stamford and Rutland Hospital. It was regrettable that these could no longer remain part of the County Council's consultant service - particularly in the case of the latter clinic as much delay arose in the provision by the East Anglian Regional Hospital Board of alternative facilities, causing a serious interruption in the treatment and supervision of children in southern Kesteven suffering from rheumatic and heart defects.

A brief review of the work undertaken, etc. at the various clinics during 1950 appears below.

### **Ophthalmic Treatment :**

Dr. W. B. Watson of the Nottinghamshire County Council ceased attending the Grantham and Sleaford clinics at the end of 1949. Arrangements had by then been completed by the Sheffield Regional Hospital Board for Mr. W. A. Briggs and Mr. S. P. Redmond respectively to attend these clinics which were to supplement those provided under the Hospital Ophthalmic Service. The new arrangement came into operation in January. During the same month, the special Eye Clinic for

children from Lincoln, North Kesteven, and part of Lindsey—to which I referred in my last Report—was opened in Lincoln. This marked an important step forward in the re-instatement of a satisfactory ophthalmic service for children in the area and meant that the whole of Kesteven was again provided for. The Bourne and Stamford Clinics continued to be held under Mr. G. M. Barling, Consultant Ophthalmologist of the Peterborough Memorial Hospital. All cases attending our clinics in the Sheffield area and recommended for glasses now have these supplied through the Hospital Service while cases attending the Bourne and Stamford clinics (i.e. in the East Anglia area) continue to be dealt with through the Executive Council's Supplementary Ophthalmic Service.

The following summary gives some idea of the work undertaken at the clinics in respect of pre-school children during the year:—

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed		Cases Referred Elsewhere	
	New Cases	Re-inspect's	New Cases	Re-inspect's	New Cases	Re-inspect's	New Cases	Re-inspect's
Grantham	45	21	1	—	18	9	1	—
Stamford	5	1	—	—	3	1	—	—
Sleaford	12	2	1	—	10	2	—	—
Bourne	12	11	—	—	6	3	—	—
Lincoln	1	18	—	—	—	11	—	—
TOTALS	75	53	2	—	37	26	1	—

### Orthopaedic Treatment:

The arrangements outlined in my previous Report continued to operate satisfactorily throughout the year. Dr. Shipman terminated his long and valued association with our Orthopaedic scheme in October when he ceased attending the Grantham and Sleaford clinics. In his place the Sheffield Regional Hospital Board appointed Dr. D. Ryan, Orthopaedic Registrar at the Harlow Wood Orthopaedic Hospital.

The Orthopaedic Sister was without a full-time Assistant Physiotherapist for approximately three months in the year, added to which it was necessary for her to devote a considerable amount of her time to the home visiting and supervision of cases arising from the poliomyelitis outbreak in July. Despite these difficulties the work of the service was well maintained and during the year 213 pre-school children (including 83 new cases) were seen by the Orthopaedic Surgeons who altogether held 223 consultations.



One thousand, five hundred and fifty-four attendances (compared with 1,852 in 1949) were made at the physiotherapy clinics for massage, remedial exercises, ultra violet light, etc.

Two cases were referred for hospital in-patient treatment and one case in the north of the County was referred to the Orthopaedic Surgeon at the County Hospital, Lincoln.

### **Treatment of Defects of the Ear, Nose and Throat :**

One change occurred during the year in connection with our Ear, Nose and Throat consultative clinics. This related to the staffing arrangements for the Sleaford clinic which had, since December, 1949, been attended monthly by Dr. D. A. Dratlin, Aurist Registrar of the Nottingham General Hospital. Dr. Dratlin left in early June and was succeeded for two months by Dr. F. J. Neil of the same hospital. After that and for the remainder of the year no consultant was available. The matter was, however, receiving the attention of the Sheffield Regional Hospital Board and early in 1951 they were able to arrange for the return of Mr. G. W. Morey.

For some four months operative treatment for ear, nose and throat conditions was suspended in the local hospitals owing to the poliomyelitis epidemic. This, although unavoidable, was to be regretted as it put a brake on the steady progress that was at last being made to reduce hospital admission waiting lists.

Nineteen pre-school children were seen under the scheme during the year, 15 of whom were found to need operative treatment for enlarged tonsils and/or adenoids.

### **Rheumatism and Heart Diseases :**

Three pre-school children (one of whom was a new case) referred from Infant Welfare Centres were examined by Dr. Brown under the arrangements outlined in my last Report.

### **Diseases of Children :**

During the year 28 pre-school children were referred to Dr. T. Wright, the Paediatrician who was appointed by the Sheffield Regional Hospital Board early in the year to serve the Lincoln County and the Grantham and Kesteven Hospitals. Sixteen of these cases were seen at Grantham and the remainder, being resident in the north of the County, at Lincoln.

### **Dental Treatment :**

The emergency dental treatment of schoolchildren continued until April when owing to the resignation of the remaining dentist this Service was suspended. Owing to shortage of qualified dental staff it was impracticable to treat expectant and nursing mothers and pre-school children.

### **Institutional Provision for Mothers and Children :**

During the year 423 maternity cases were recommended for institutional accommodation on social grounds under the arrangements referred to in my Annual Report for 1948. Accommodation in maternity units was accordingly reserved as follows:—

Grantham and Kesteven General Hospital and Annexe at 137 Dysart Road	340
Stamford and Rutland General Hospital	50
City Maternity Home, Lincoln	24
Newark Town and District Hospital	4
Gables Maternity Home, Peterborough	2
Reynard Hospital, Willingham-by-Stow	3
	<hr/> 423 <hr/>

Hospital in-patient treatment was arranged for 27 children under 5 years of age. These children had been examined and referred to the various consultant services by medical officers in attendance at the Infant Welfare Centres. Of these children 15 have already been referred to as being dealt with under the Ear, Nose and Throat scheme and 2 under the Orthopaedic scheme; the remainder comprised 5 cases of hernia, one of balanitis, one of pink disease, one of persistent vomiting, one with congenital abnormalities, and one as tongue tied.

### **Premature Infants :**

One hundred and thirty-three babies born in the County (6 of whom were of parents normally resident outside the administrative area) were notified as having a birth weight of 5½ lbs. or less, and 107 (or 81 per cent.) were known to have survived four weeks.

The number born at home was 45, of which 10 were subsequently transferred to hospital, and the remaining 88 babies were born in institutions. Table VI on page 61 analyses these cases in detail.

The County Council's scheme for the care of premature infants, already described in previous Reports, remained unchanged.

### **Care of Unmarried Mothers and Their Children :**

During the year there were 121 illegitimate children born in the County, representing 5.5 per cent. of the total live births recorded; comparative figures for last year were 129 and 5.3 respectively.

There were no changes made in the Council's arrangements for the care and supervision of illegitimate children and for the rendering of assistance to unmarried mothers. Considerable help was again received from the Lincoln Diocesan Association for Moral Welfare in arranging

maternity accommodation in cases where this was necessary. Fourteen unmarried expectant mothers were admitted to the Association's maternity home (The Quarry) at Lincoln during the year, while one case was sent to a similar home near Leeds. The patient is admitted to the Quarry Maternity Home four weeks before the expected date of her confinement, after which she spends a further 12 weeks at the Home to enable her, with the help of the Association's organisation, to rehabilitate herself and make arrangements for the future welfare of her child.

### Provision of Maternity Outfits :

During the year 718 outfits were issued to maternity patients confined at home. The proportion of these cases who benefited in this way, viz. 64 per cent., was, therefore, about the same as last year when the figure was 65 per cent.

### Day Nursery, St. Catherine's Road, Grantham :

The Nursery continued to operate satisfactorily throughout the year and as will be seen from the table below the attendances were generally well maintained.

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ...	15	28	10	18	39	3
February ...	14	29	10	18	40	2
March ...	14	29	11	22	39	2
April ...	15	28	10	18	40	2
May ...	15	29	11	20	41	1
June ...	15	29	13	24	39	3
July ...	14	29	12	21	40	2
August ...	15	31	9	16	42	2
September ...	15	43	11	20	39	1
October ...	15	28	10	23	40	1
November ...	15	30	9	22	41	—
December ...	15	29	10	17	41	—
	177	362	126	239	481	19
Average for Year	15	30	10	20	40	2

The Maternity and Child Welfare Sub-Committee again considered the question of the possibility of the Nursery becoming recognised by the Ministry of Health for the training of nursery nurses. It was felt however that as the scope for employment of trained nursery nurses by the County Council was limited the matter should be referred to the Education Committee to decide whether it was a subject to be

added to their Further Education curriculum, and to consider whether a training scheme should be implemented through their nursery schools. It was agreed that in the event of such an arrangement being adopted the Day Nursery could co-operate by providing students with practical experience of work with children under two years of age.

The recommendations contained in Ministry of Health circular 64/50 of 3rd July, 1950, with regard to protection of children from tuberculosis and the advisability of regular X-ray examination of staff engaged in nurseries were adopted; all the staff at the Nursery underwent an initial examination during the year. In future annual examinations will be arranged if practicable. It has, of course, always been the practice to submit staff to a medical examination upon appointment but only on rare occasions have X-ray examinations been requested.

### **Nurseries and Child Minders Regulation Act, 1948 :**

There were no premisses or daily minders registered in the County under this Act during the year.

### **MATERNITY AND NURSING HOMES**

The arrangements for the registration of Nursing Homes under Sections 187—194 of the Public Health Act, 1936, remained unchanged. One of the three homes on the register at the end of 1949 closed during the year and at the end of the year under review the two remaining homes in the area were providing 13 beds, all for maternity patients.

The inspection of these homes during the year involved the County Nursing Superintendent (who acts as the Authority's inspector) in 5 visits.

### **HEALTH VISITING**

No amendments were made during the year to the County Council's establishment of health visitors, full particulars of which were given in last year's Report.

There were two vacancies on this establishment at the beginning of 1950, one being at Grantham and the other at Stamford. The latter was filled in April when Miss B. C. Brogan took up duty after successfully completing a course under the Council's training scheme.

The following is a summary giving particulars of the domiciliary visits undertaken by the health visiting staff during 1950:—

First visits to expectant mothers	292*
Total visits to expectant mothers	436*
First visits to children under one year of age	2,661
Total visits to children under one year of age	13,582
Total visits to children between the ages of one and five years	20,652

(\*excluding visits by District Nurse-Midwife/Health Visitors which are referred to under "Midwifery")

In addition to the above a considerable number of visits for advisory purposes were paid by the health visitors to households where there were cases of infectious disease or other types of illness.

## MIDWIFERY AND HOME NURSING

### Midwifery :

During the year, notification of intention to practise was received from 79 midwives, 69 of whom continued to practise at the end of the year. In addition 5 notices of intention to practise were received from persons undertaking maternity nursing only.

Of the 69 midwives referred to above:—

42 were domiciliary midwives in the employ of the County Council,

8 were domiciliary midwives in private practice,

14 were midwives employed by Hospital Management Committees, and 5 were midwives employed in private nursing homes.

The following table shows the number of cases they attended during the year:—

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives (1)	As Mater'y Nurses (2)	As Mid-wives (3)	As Mater'y Nurses (4)	As Mid-wives (5)	As Mater'y Nurses (6)
(1) Employed by County Council... ..	811	278	—	—	811	278
(2) Employed by Voluntary Organisations ...	—	—	—	—	—	—
(3) Employed by Hospital Management Cmmtt's ...	—	—	597	267	597	267
(4) In Private Practice ...	11	13	*17	*157	28	170
Totals ... ..	822	291	614	424	1436	715

#### \* Nursing Home Cases

It will be seen from this table that midwives were in attendance at 2,151 confinements, of which 1,113 were conducted at home and 1,038 in maternity units.

Comparative figures for this and the preceding five years are as follows:—

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1945	867	451	1318	505	383	888
1946	833	544	1377	439	417	856
1947	991	633	1624	450	405	855
1948	927	506	1433	464	375	839
1949	735	467	1202	700	420	1120
1950	822	291	1113	614	424	1038



The proportion of cases dealt with in maternity units remained the same as last year, i.e. 48%. For a considerable number of years prior to the operation of the National Health Service this figure averaged 38%. The increase is, no doubt, mainly due to the post-war housing and other social difficulties experienced by young married people; also the fact that it is to the patient's financial advantage that her confinement be conducted under hospital arrangements cannot fail to escape notice.

The arrangements for the non-medical inspection and general supervision of midwives remained unchanged. In this connection the County Nursing Superintendent and her two Assistants made 79 visits for routine inspection purposes and 56 special visits. To a large extent the superintending staff were again hampered in their work by having to devote much of their time to normal nursing and midwifery duties in districts short of staff and for a considerable period during the epidemic of poliomyelitis it was necessary for the Assistants to work exclusively on contact tracing and in the domiciliary nursing of poliomyelitis cases. Their services in this respect proved invaluable to the medical staff concerned. Another difficulty arose owing to the resignation of the senior Assistant Superintendent in October, the post remaining vacant throughout the remainder of the year.

The number of cases in which medical aid was summoned by midwives under Section 14 (i) of the Midwives Act, 1918 totalled 188—187 domiciliary cases and 1 institutional case.

Notifications from midwives were also received as follows:—

Stillbirths	21
Laying-out the dead	2
Liability to be source of infection	20
Artificial Feeding	173
Death of Child	12

### **Administration of Gas and Air Analgesia:**

At the end of the year there were 56 midwives practising in the County who were qualified to administer gas and air. Thirty-seven of these were members of the County Council's staff and the remainder were employed as follows: 13 by Hospital Management Committees, 2 by private nursing homes, and 4 in private domiciliary practice.

It will be remembered that at the end of 1949 the number of qualified staff in the Council's employ was 20; the fact that a year later this figure had risen by 17 is, I think, very satisfactory. It is hoped that, subject to an easing of the staffing

position and the availability of vacancies at the training hospital, the remainder of the midwifery staff will have received training by the end of 1951.

Sufficient Minnitt Gas and Air machines have been purchased to cover every district so that immediately a midwife successfully completes her gas/air training a machine is available for her use. This training now forms part of the course for the State Certified Midwife's certificate and will not, therefore, in the future be regarded as an extra qualification.

With the increase in the number of the Council's midwives qualified in the use of this form of analgesia, it became necessary to terminate the former arrangements whereby the midwives had dealt individually with the Oxygen Company for supplies of nitrous oxide gas and in August the Council set up bulk supplies of gas cylinders at three depots—Sleaford, Grantham and Bourne. The midwives now call at their appropriate depot for supplies and the Company's van visits each depot regularly to collect empty cylinders and to leave further supplies. These new arrangements appear to be working satisfactorily.

Under a contract with the above firm, the gas/air machines with which the midwives are supplied are serviced at regular intervals at the various depots, thus ensuring as far as possible that all machines are maintained in a high state of efficiency.

The extent to which this form of analgesia is demanded in confinements varies considerably. Out of a total of 1,089 cases attended by our own midwives during the year 230 (145 midwifery and 85 maternity) received gas/air analgesia. At first sight this figure appears somewhat low. I do not think however that it can be taken as a reliable indication of the trend as many of the machines in use were not issued until the latter half of the year. On the other hand it is known that in many cases where doctors themselves undertake confinements they use their own "Trilene" apparatus and this I feel is bound to affect the extent to which our midwives will be called upon to administer analgesia.

The following is a brief summary giving general details of the work undertaken by the County Council's domiciliary midwives during the year:—

#### **As Midwives:**

(i) No. of cases attended	811	(724)
No. of these who were primiparae	140	(145)
No. of these who were maternal deaths	—	(—)
(ii) No. of miscarriages	22	(42)
(iii) No. of ante-natal visits	8434	(7708)
(iv) No. of visits paid	14974	(12313)
(v) No. of cases to whom gas and air was administered	145	(98)

### As Maternity Nurses :

(i) No. of cases attended	278	(446)
No. of these who were primiparae	113	(116)
No. of these who were maternal deaths	—	(1)
(ii) No. of miscarriages	59	(61)
(iii) No. of visits paid	5728	(87528)
(iv) No. of cases to whom gas and air was administered	85	(46)

NOTE—The figures in brackets relate to the year 1949.

### Home Nursing :

As will be seen from the statistics quoted below a high volume of work was undertaken by the Council's home nurses during the year.

Almost invariably co-operation with general practitioners has been good and, it is hoped, will further improve as those engaged in the National Health Service grow to appreciate more fully each other's respective responsibilities.

During the year 2,922 new cases were attended, of which 1,812 were of a medical and 1,110 of a surgical nature. The care given to these cases involved the nurses in a total of 42,021 visits. The number of new cases and visits made represent increases of 317 and 4,641 respectively over the previous year's figures.

In addition 12,511 visits were made to minor cases where no actual nursing treatment was required and 71 minor operations performed by general practitioners in the patients' homes were also attended by home nurses.

### GENERAL

#### Staff :

Each nursing post in the Council's midwifery and nursing services is a dual one, i.e. each officer acts as nurse/midwife in her own particular area.

At the end of 1949 the number of staff employed was 45. During the year under review there were—

9 resignations, and

6 new appointments (including 2 Relief Nurse/Midwives—our first),

making a net loss of 3 over the year.

Four nurses changed districts and one married but remained in the service.

At the end of the year, therefore, the total number of nurse/midwives employed was 42, this being 7 short of the full complement of 49 at present required to cover the County. As mentioned in last year's Report, provision has been made in our scheme for a slight increase above 49, viz. up to a maximum of 54, to meet any future needs that may arise as the service develops.

#### Housing :

Reference was made in last year's Report to the Council's intention to secure sites for building houses for nurses in four areas—Billinghay, Helpringham, Market Deeping,



Rippingale. Unfortunately, through circumstances beyond the Council's control, little progress has been made in this connection, except in the case of Rippingale, where a site has been chosen which the owner is willing to sell. Purchase has been approved by the Ministry of Health and negotiations to this end are now in hand.

In the case of Market Deeping it was originally the intention to build one house to be shared by two Nurses. It is, however, now considered preferable to provide each Nurse with separate accommodation, and accordingly it is proposed that the house shall consist of two self-contained flats, with the Nurses sharing a common District Room.

Enquiries are still being pursued with a view to finding sites in Market Deeping, Helpringham, and Billinghay.

In March 1950 the Sleaford District Nursing Association closed down, and decided to dispose of its property No. 16 Carre Street, which for many years had served as the District Nurses' home in Sleaford. The Council were given the opportunity of purchasing the house and contents and agreed to do so at a figure to be approved by the District Valuer. Negotiations to this end were still in hand at the end of the year.

### Transport :

In connection with the Council's policy to replace all its old cars systematically, orders for 10 new cars were placed during the year, of which 7 have been sponsored by the Ministry, and it is hoped to receive delivery of these 7 early in 1951. During the year six new cars were delivered, two of which were ordered by the County Council in 1949 while the remainder had been ordered by various District Nursing Associations in the County prior to the "appointed day".

At the close of 1950 the Council owned 43 nursing cars, while 2 Nurses provided their own by sanction of the Council, receiving the appropriate mileage allowance. The authorised establishment of cars is given below, together with the actual position at the 31st December, 1950.

	Authorised Establishment	Actual position at 31st Dec., 1950
32 Rural Districts		
31 with 1 each	31	(Private cars 2 (K.C.C. cars 29
Deepings	2	" " 2
4 Urban Districts		
Bourne	2	" " 2
Grantham	3	" " 3
Sleaford	1	" " 1
Stamford	1	" " 1
Relief Cars	6	" " 5
	<hr/> 46	<hr/> 45

The value of having a pool of relief cars is shown by the fact that the majority of these have been in frequent use throughout the year while various district cars have been under repair, and in some cases to supply relief nurses with transport. There have been occasions when all 5 cars have been out at one time.

During the year 6 old cars were sold by public advertisement, being surplus to establishment as a result of delivery of new cars.

### **Garages :**

In the district of Martin the Council has provided the Nurse with a portable garage at her house, whereas previously she had been obliged to store the car under an open farm shelter. Plans have also been passed for the erection of a portable garage at the house of the Branston Nurse, and it is hoped that this will be erected early in 1951.

The Billingborough Nurse is having her own house built at Pointon, and as soon as this is completed in the spring of 1951, it is the intention of the Council to provide her with a portable garage.

At Grantham the Victoria Nursing Association erected a second garage at the Nurses' Home, and both these are now let to the County Council for the use of the Grantham Nurses.

There are a few other districts where the garage arrangements, although satisfactory for the moment, may change at any time and necessitate the Council having to erect portable garages for the Nurses.

### **Kesteven Nursing Association :**

Under a new Agreement between the Council and the Nursing Association which came into effect on the 1st July 1950, the Council discontinued the grant for specified nursing services expenditure, and as from that date all bills are being paid by the County Treasurer direct.

This further diminution of the responsibilities left to the District Nursing Associations resulted in 6 more deciding to close down, and at the close of the year only 18 out of an original 35 when the Health Service came into force appear to be still functioning.

## **VACCINATION AND IMMUNISATION**

There was no alteration in the scheme for Diphtheria Immunisation or Vaccination against Smallpox under Section 26 of the National Health Service Act, 1946, as set out in my Annual Report for 1948.

### **Vaccination :**

Compared with 1949 there was a considerable increase in the total number of persons vaccinated during the year but the number of children under one year of age who were vaccinated remained low.

During the year under review the number of persons vaccinated was as follows :—

Age at 31/12/50 i.e. born in years	Under 1 1950	1-4 1946-1949	5-14 1936-1945	15 or over Before 1936	Total
No. vaccinated	200	295	64	87	646
No. re-vaccin'd	—	9	7	138	154

### Diphtheria Immunisation :

There was a considerable decrease in the number of children who were immunised against diphtheria during 1950 as against the number for the preceding year. The main contributory factor for this decrease was no doubt the suspensions from August to early November of inoculations which was considered advisable in view of the outbreak of poliomyelitis which occurred at that time.

Table A below indicates the number of children who completed a full course of primary immunisation during 1950, while Table B gives details of the number of children at the 31st December who had completed a full course of immunisation at any time before that date, i.e. at any time since 1st January, 1936.

A. Children under five years	...	...	...	893
Children five to fourteen years	...	...	...	110
				<hr/> 1003 <hr/>

Total No. of children who were given a  
secondary or re-inforcing injection ... 540

B.

Age at 31/12/50 i.e. born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-1945	10 to 14 1936-1940	Total under 15
No. immunised	21	613	1360	1400	1796	9733	3224	18147
Estimated mid-year Child population	Children under five					Children 5-14		28420
	11060					17360		

### AMBULANCE SERVICE

Having decided against combination of the Ambulance Service with the Fire Brigade, a modified scheme for the operation of the County Ambulance Service under Section 27 of the National Health Service Act was submitted to the

Ministry of Health. As the interim scheme had proved satisfactory, minor alterations only were proposed, and the amended scheme received the Ministry's formal approval on the 31st May, 1950, subject to a slight change in the Development Plan as follows :—

“In order to meet the Council's obligations, the service will need to comprise a total of 13 to 15 ambulances, 5 to 6 sitting-case cars, and 4 to 6 whole-time drivers and attendants with such part-time and voluntary staff, supplemented by the staff of local garages, as may be required.”

The County Council's ambulance service has proved able to meet the calls made upon it with that degree of efficiency which its nature demands and though small adjustments may occasionally be necessary, the basis upon which the service operates is sound.

The Ambulance Service has undoubtedly been an asset to the Health Services as a whole. In this connection full co-operation with general practitioners, medical staff of hospitals and other persons qualified to summon an ambulance has been maintained. Notwithstanding this co-operation, the demands on the Service continued to increase, the number of patients conveyed rising from 12,627 in 1949 to 17,142 in 1950 and the mileage covered from 272,743 to 334,740.

### **Ambulances :**

At present there are ten ambulances belonging to the County Council which operate from the following centres :—

Grantham	...	...	...	...	4
Sleaford	...	...	...	...	3
Bourne	...	...	...	...	2
Bourne Isolation Hospital	...	...	...	...	1

One ambulance at each of the three centres—Grantham, Sleaford and Bourne—is allocated when required for the transport of cases of infectious diseases.

During the year it was necessary to replace two ambulances of obsolete type (which were practically unserviceable) by an equal number of new Bedford 28 H.P. Spurling Ambulances. The Ambulance fleet thus consists of :

Bedford 28 H.P. Spurlings	...	...	7
Vauxhall 25 H.P. Lomas	...	...	1
Austin 26 H.P. Lomas	...	...	1
Chrysler 33 H.P. Wilson-Stockall	...	...	1

Also, in view of their age and unreliability, the County Council has authorised the disposal in 1951 of the last two mentioned vehicles to be replaced by new Bedford 28 H.P. Spurling ambulances. There will then be nine vehicles of this type in service and this should thereby secure all the

advantages which accrue from standardisation, easier interchange of equipment and spares, easier servicing and general maintenance work and increased efficiency of the staff who familiarise themselves with the technicalities of one standard ambulance.

### **Sitting-case Cars :**

One new vehicle was delivered during the year—a Bedford 12 H.P. Martin Waller "Utilecon"—in replacement of a Vauxhall 12 H.P. Saloon car which was disposed of in June. The total number of sitting-case cars remains unaltered and these vehicles are stationed as follows:—

	K.C.C. Cars.	Owner-Drivers.	Totals
Grantham	... 2	5	7
Sleaford	... 1	2	3
Bourne	... 1	2	3
	— 4	9	13
	—	—	—

### **Garaging and Servicing, Etc. :**

The Ministry of Health have given formal approval to the proposal to erect an ambulance station at Harrington Street, Bourne. It is expected that work will commence on the building of this garage in the very near future and, upon completion, the premises in North Street at present rented from the Bourne Urban District Council and Messrs. Jubilee Garage (Bourne) Ltd., respectively, will be relinquished.

Improved garage accommodation will also soon be available at Sleaford. A new building which is now in course of erection in Playhouse Yard, Westgate, has been taken on leasehold for the exclusive use of the County Ambulance Service.

At Grantham, the garage facilities provided may be regarded as satisfactory.

All the County Council-owned ambulances and sitting-case cars receive the necessary priority in servicing and maintenance by the commercial garages who supply part-time drivers in the towns concerned.

### **Personnel :**

(a) *Whole-time Drivers.* On account of the increased volume of work in the Ambulance Service it was necessary to appoint two more whole-time drivers, i.e. one man at the Sleaford depot and the other at Bourne. There is now a total of five whole-time drivers: Grantham 2, Sleaford 2, and Bourne 1.

(b) *Part-time Drivers.* There are now eight part-time retained drivers (Grantham 4, Sleaford 3, and Bourne 1) to



supplement the above. Additional part-time drivers continue to be supplied when required by the commercial garages in each of the towns concerned. The services of a driver from the Bourne Isolation Hospital is available for the removal of infectious and tuberculous cases in Bourne and the southern area of the County.

(c) *Attendants.* Volunteer attendants are supplied, on a rota basis, by members of the British Red Cross Society and the St. John Ambulance Brigade.

Grantham: British Red Cross Society.

Sleaford: St. John Ambulance Brigade.

Bourne: British Red Cross Society and St. John Ambulance Brigade.

### Training:

Whole-time and retained ambulance drivers have attended refresher courses of training in First Aid and have been successful in passing the examinations held under the auspices of the British Red Cross Society and the St. John Ambulance Brigade.

### Equipment:

(i) Operational staff were issued with uniform during the year—each whole-time driver with a complete uniform suit, greatcoat and peak cap, and each retained driver with a greatcoat, two dustcoats and a peak cap.

(ii) Scale of Medical and First Aid equipment for ambulances:—

The schedule of equipment carried on all ambulance service vehicles under the direct control of the County Council complies with the recommendations made by the Ministry of Health. In addition, five sets of Lucas bellows apparatus have been obtained. This apparatus has proved very satisfactory in removal to hospital of poliomyelitis cases suffering from respiratory embarrassment.

### Mileages, Journeys and Patients—Year Ended 31st December, 1950

#### A. Direct Service provided by County Council:

Depot	Ambulances			Sitting-Case Cars			Totals		
	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
Grantham	37,961	2,146	2,770	55,460	2,876	3,930	93,421	5,022	6,700
Sleaford	61,683	1,142	2,438	32,383	559	1,164	94,066	1,701	3,602
Bourne	25,095	664	1,067	24,429	392	550	49,524	1,056	1,617
Totals	124,739	3,952	62,75	112,272	3,827	5,644	237,011	7,779	11,919

Average Journey: 30.468 miles.

**B. STAMFORD.**—Agency Services provided on behalf of the County Council by the St. John Ambulance Brigade (Ambulances) and the British Red Cross Society (Sitting-case cars), operating from Stamford:

Ambulances			Sitting-Case Cars			Totals		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
8,901	521	570	27,192	871	937	36,094	1,392	1,507

Average Journey: 25.929 miles

**C. NORTH KESTEVEN (and Part of East Kesteven)**—Agency Service provided by the Lincoln Corporation:

The following statistics have been provided by the Lincoln Corporation Health Department, relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme.

Ambulances			Sitting-Case Cars			Totals		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
28,191	1,386	1,777	33,444	1,626	1,939	61,635	3,012	3,716

Average Journey: 20.463 miles.

**D. SUMMARY FOR THE WHOLE OF THE ADMINISTRATIVE COUNTY.**

Ambulances			Sitting-Case Cars			Totals		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
161,831	5,859	8,622	172,908	6,324	8,520	334,740	12,183	17,142

Average Journey: 27.475 miles

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

In my Report for 1948 I referred briefly to the County Council's proposals for the setting up of an adequate service in the County for the prevention of illness, care and after-care, within the terms of Section 28 of the National Health Service Act. The scheme incorporating these proposals has not been subject to any change since the "appointed day". Proposals for the carrying out of B.C.G. Vaccination amongst Tuberculosis contacts have, however, now been submitted to the Ministry of Health and approval to these was received early in 1951. The scheme was, therefore, modified to include this provision.

Broadly speaking the work undertaken during 1950—briefly summarised below—followed the pattern of the previous year.

## Tuberculosis :

A total of 1,310 visits was made to patients by the County Health Visitors during the year. As each case is notified the Health Visitor makes an initial visit and where practicable continues to call approximately at quarterly intervals thereafter. On the occasion of her first visit a full report giving details of the home circumstances and contacts of the case is made and a copy submitted to the Chest Physician concerned. Advice is given on the precautions to be taken against the spread of infection, and where possible suitable action is taken to improve circumstances unfavourable to the patient or contacts. In this connection the County Almoner is often able to assist through her association with the Chest Physicians and the various public and voluntary welfare agencies. She attends the Chest Clinics serving the County and follows up all cases where social or personal problems are known to exist. Of the three chest clinics serving the area that at the Grantham and Kesteven General Hospital is attended by one of the County Health Visitors, and it is hoped that it may shortly be possible to make similar arrangements at the Stamford Clinic.

The year was marked by a visit to Grantham of the Lincoln Area Mass Radiography Unit, and Dr. H. G. H. Butcher, Medical Director of the Unit and Chief Medical Officer of the Central Lincolnshire Chest Unit, has kindly supplied me with a few particulars of the work undertaken.

Dr. Butcher reports that it is the intention of the Regional Hospital Board that this Unit should be available for surveys throughout Central and South Lincolnshire. Up to February 1951, surveys had been carried out at Grantham and the Bracebridge Heath Mental Hospital. At Grantham the larger industrial concerns were first visited and all workers who had volunteered were filmed. After the works surveys were completed a site was obtained for "open sessions" so that members of the public could avail themselves of the service if they so desired. The results of the surveys in Grantham and at Bracebridge Heath are summed up as follows:—

		Grantham	Bracebridge Heath Mental Hospital
Miniatures taken	...	3345	1021
Recalled for large film	...	248	41
Bronchiectasis	..	4	—
Pneumoconiosis	...	1	—
Neoplasm	...	—	—
Cardiac	...	32	7
Active Pul. T.B.	...	11	15
Inactive Pul. T.B. (Post Primary)	...	51	23
Referred to Chest Clinic	...	47	21
Referred to own Doctors	...	23	—



Dr. Butcher points out that a certain number of residents from villages bordering Lincoln who work in the City attended the Unit while it was operating there, but it has not been possible to give separate figures for these.

It is intended that the Unit shall visit the main centres of population regularly, and while the service will be available to all it would be advantageous if the younger age groups in particular were filmed at regular intervals. Mental hospitals will be surveyed when the unit is working in the area in which they are situated and every effort will be made to X-ray staffs of Children's Homes at frequent intervals. All National Service recruits from the area are now being X-rayed by the Unit prior to Medical Board, and for this work the Unit returns to Lincoln for one week each quarter.

There were six sleeping shelters out on loan under the Council's scheme for open-air treatment of Tuberculosis patients and six cases considered to be in need of extra nourishment were provided with liquid milk at the Council's expense.

The Council's Domestic Help Service continued to render assistance in certain cases where patients were being nursed at home pending removal to sanatoria, or where their condition was not sufficiently serious to warrant this, and altogether eight cases benefited in this way. Full use was also made of sick-room equipment from the Council's Medical Loan Depots.

### **Mental Illness and Mental Deficiency :**

Reference to the community care work undertaken amongst persons suffering from mental illness or defectiveness appears on page 37 of this Report in the section dealing with the Mental Health Services provided by the Authority.

### **Venereal Diseases :**

The County Almoner continued to attend the V.D. Clinic at Grantham and during the year 17 defaulters and other suspect cases from Kesteven were followed up by her at the request of the Venereologist. The results of her efforts to encourage the attendance of these patients at the clinics are summarised below :

Renewed attendance	...	...	...	...	14
Failed to attend	...	...	...	...	2

Of the remainder, 1 case subsequently died and 3 left the area.

The Consultant Venereologist appointed by the Sheffield Regional Hospital Board is responsible for all the clinics in the South Lincolnshire area and this means that, when visiting the Grantham clinic, the County Almoner is able to keep informed about Kesteven patients generally as the majority would be attending one or other of these clinics.

### **Illness Generally :**

Whenever possible necessary help was given to patients nursed at home or after discharge from hospital. The two main sources upon which we are dependent for information about cases who might derive benefit from the Authority's services are the family doctors and the hospitals. The former are co-operating satisfactorily and two of the three main hospitals with which we are concerned have now instituted a scheme whereby weekly returns are furnished giving details of all patients discharged and the type of after-care (if any) required.

During the year arrangements were made under the County Council's scheme for one case, a boy of ten years of age, to spend a short period at a recuperative holiday home.

### **Nursing Equipment and Apparatus :**

The agency arrangements with the British Red Cross Society, referred to in my last Report, continued to operate satisfactorily. The Medical Loan Depots together with the nurses loan cupboard are now able to meet all normal demands although it has been rather difficult in some cases to meet requests for invalid and self-propelling chairs. It is hoped that the shortage of these articles will be remedied during 1951 when it is proposed to make substantial additions to the stocks at the Depots. An extensive survey by the County Nursing Superintendent of the equipment held in the nurses' loan cupboards revealed certain deficiencies and these were gradually made good during the year.

The following particulars show the assistance given through the Medical Loan Depots during the year :—

Depot	No. of issues made	No. of individual cases who benefited
Grantham	412	238
Stamford	177	137
Sleaford	164	80
TOTALS	753	455

### **Health Education :**

During the year a number of addresses on health topics were given by the medical and nursing staff to various groups of people in the County. These talks were supplemented by the use throughout the health services of educational and publicity material from the Central Council for Health Education to whom an annual grant is made by the County Council.

## Medico-Social Work :

The County Almoner reports that her work extended gradually and there were some interesting developments during the latter part of the year. In all, 152 new patients were seen, 515 visits of all kinds were made and 166 patients were interviewed in clinics or at the County Offices.

It was found that a considerable number of the patients referred to the Almoner had been in hospital in the area, and had they been seen before discharge valuable time might have been saved in obtaining the service required for them. It was decided, therefore, that by way of experiment the Almoner should see the ward sisters in Grantham Hospital regularly once a week, discuss with them any social problems arising among the patients, and where necessary, see the patients concerned in the ward. This development is too new as yet for its value to be estimated, but the Almoner has already found the staff of the hospital most co-operative and several patients have been helped in this way.

The Almoner has also submitted to the After-Care Sub-Committee a factual report giving numbers and kinds of cases dealt with and their ultimate disposal, which is followed by a brief report of special cases, illustrating the kind of work undertaken, the agencies used and the problems which have to be solved.

Cases were referred to the Almoner as follows:—

Chest Physicians	68	Paediatrician	3
Other Almoners	18	General Practitioners	3
Personal applications	12	Moral Welfare	
Health Visitors	9	Association	2
School Medical Officer	9	Physiotherapist	2
Psychiatric Social		School Teachers	1
Worker	8	National Assistance	
Local Hospitals	8	Board	1
County Medical Officer	4	Education Department	1
Miscellaneous	3		

The kind of cases dealt with are analysed thus:—

General help and		Need for re-housing	7
information	48	Need for material help	6
Financial queries	15	Insurance queries	5
Help with fares	15	Fostering and adoption	
Need for Home Help	12	queries	5
Need for employment	10	Need for medical loan	4
Need for convalescence	9	Social follow-up	3
Special School queries	8	Marriage Guidance	
Need for extra		queries	2
nourishment	8	Escort	1

## DOMESTIC HELP

In my last Report I dealt at some length with the arrangements the County Council had made to expand their Domestic Help Scheme so that help when needed could be provided in

any part of the County. It will be recalled that under this Scheme the Council provides a direct service at Grantham, while the W.V.S. acts as their agent in providing a service through the other centres, Stamford, Sleaford, Bourne and Lincoln. The full scheme came into operation on the 1st October, 1949, since when steady progress has been made.

There were, however, two main difficulties at the outset; viz. the recruitment of suitable helps, and the effect of the Assessment Scale then in force.

With regard to the recruitment of helps an effort had been made early in the year to make the posts more attractive by generally improving the terms of service. Agreement was reached as to the payment of travelling time and of travelling expenses, cycle allowances, and compensation, in cases where help was subsequently cancelled and alternative employment could not be found. However, it soon became apparent that the root of the difficulty lay in the payment of inadequate wages and the feeling of insecurity amongst the helps engendered by the lack of a guaranteed wage. After consideration the Council decided that in the first place up to 14 women might be employed on the basis of a guaranteed week of 15 hours, with the proviso that this number of women might be extended to a maximum of 20 should this be necessary. Guaranteed wage earners will be employed according to demand, and it is not proposed to allocate a set number to each area. At the same time the hourly wage for helps was increased from 1s. 6<sup>3</sup>/<sub>4</sub>d to 1s. 9d. per hour.

With regard to Assessment, the County Council had adopted the recommendations of the Local Authorities' Associations embodied by them in a model scale put forward for adoption on a national basis, except that this Authority exempted Tuberculous and National Assistance cases and Old Age Pensioners from any charge.

After experience this scale proved to be incompatible with the present high cost of living and therefore tended to debar deserving cases from applying for help as they felt unable to afford the cost; in particular, hardship was felt by the case who needed help over an extended period. To overcome this unsatisfactory position the scale was modified by the substitution of an increased "Personal Allowance" Scale (based on the National Assistance Board's rates) and an amendment in the "long term" assessment rate to provide additional relief. At the same time it was considered that in maternity cases it was reasonable that part of the National Insurance benefit—which the Ministry states specifically is intended to help pay for domestic help after the confinement—should be recoverable, and provision in the scale was, therefore, made accordingly.

As these modifications did not come into force until November it is difficult to estimate their effect upon the Service, but in all areas there has been an increase in the number

of cases helped during the year, and it is interesting to note that in Grantham, where the Scheme has been in operation since 1946, there has been a particularly marked increase in the number of applicants, which rose from 71 in 1949 to 87 in 1950, and the number of hours worked from 8,391 to 11,565. This increase was mainly due to the fact that many more applications were received from aged persons, usually by way of the National Assistance Board. In this connection it is relevant to remark that without the domestic help provided by the Council the transfer of many of these cases to institutional accommodation would have become an urgent necessity. It is also encouraging to see that North Kesteven, the only wholly rural area in the Service, is second only to Grantham in the number of cases for which help was supplied. As will be noted from the table below the Scheme as a whole catered for a total of 181 cases in the year involving the helps in 20,442 hours of work; comparative figures for last year were 90 and 9,156 respectively.

As far as possible the four newer offices have been organised on the same principle as the Grantham office, and there has been a most satisfactory liaison between the W.V.S. organisers and clerical assistants, and the Council's own staff at Grantham. In May a meeting of all the organisers was held and we were again fortunate in having Mrs. Macdonald, Home Help specialist from W.V.S. Headquarters, to speak. In April the Deputy County Medical Officer addressed a meeting of the Grantham Home Helps on the subject of general hygiene in the home and the precautions to be taken when working in households where there are T.B. or other infectious patients.

The local organisers are still finding that the demand for helps in the rural areas is difficult to meet, but by the end of the year the number of helps was steadily increasing and besides the North Kesteven area there are already helps available for some rural districts around Sleaford, Bourne and Stamford.

The following are details of the work carried out under the Domestic Help Scheme during the year:—

Area	New Cases attended				No. of Helps employed at 31/12 50	Total Hours worked by helps
	Maternity	T.B.	Other	Total		
Grantham	14	5	68	87	24	11,565
Stamford	3	1	15	19	2	812
Sleaford	2	0	18	20	4	1,871
Bourne	2	0	12	14	1	1,183
North Kesteven	16	2	23	41	6	5,011
Total	37	8	136	181	37	20,442



In concluding my remarks on this branch of our work it is only fitting that I should record my appreciation both of the invaluable help rendered by these members of the W.V.S. associated with the Service, and of the co-operation received from officers of the various branches of the National Assistance Board.

## **MENTAL HEALTH**

### **1. Administration :**

#### *(a) Mental Health Services Sub-Committee.*

All duties relating to mental health are referred by the Local Health Authority to the Mental Health Services Sub-Committee of the Health Committee. There were no changes in the constitution of this Sub-Committee.

#### *(b) Staff.*

The County Medical Officer of Health is responsible to the Sub-Committee for the administration and control of the Mental Health Services. Dr. N. K. Henderson, Medical Superintendent of the Sheffield Regional Hospital Board's mental hospital at Rauceby continued to act, by arrangement with the Board, as Medical Adviser to the Committee on mental and mentally defective cases until his retirement in October. For many years prior to the inception of the National Health Service Act, Dr. Henderson had acted in a similar capacity to the Council's former Mental Deficiency Committee. He was also their designated officer for providing certificates of mental defect under the Mental Deficiency Acts, which function he continued to discharge under the new Sub-Committee after the "appointed day" until the Sheffield Regional Hospital Board terminated the arrangement early in the year. It was agreed, however, that he should continue to act as the Council's medical adviser on matters of policy and also in a consultant capacity in difficult cases. The County Council therefore decided that the County Medical Officer, his Deputy and Dr. R. M. Ross, Assistant County Medical Officer, all of whom are qualified to undertake routine ascertainment and certification of mental defectives, should be designated as Medical Officers approved by the Local Authority to provide certificates under the Mental Deficiency Acts, 1913-1938 and this arrangement came into operation in May.

Details of the non-medical staff engaged in the Mental Health Services appear on page 4 of this Report. All such staff have had many years of practical experience in the duties connected with mental deficiency, lunacy and mental treatment.

*(c) Co-ordination.*

Co-ordination between the Authority and the Regional Hospital Boards and Hospital Management Committees continued to be satisfactory. Towards the end of the year a meeting was held between the Medical Superintendents of the mental hospitals in the area, the Regional Psychiatrist of the Sheffield Regional Hospital Board, and Medical Officers of Health with a view to determining what improvements were necessary to effect closer co-ordination between the hospital authorities on the one hand and the local health authorities on the other. As a result of this meeting we are now receiving reports giving information regarding certain patients on discharge; this is proving useful in cases where follow-up is indicated and is also of benefit to the Duly Authorised Officers in the event of re-admission becoming necessary.

In the case of mental defectives detained in the Harms-ton Hall Colony and its branches the Duly Authorised Officers obtain comprehensive reports on the home circumstances of defectives' families at such times as the case of each defective is considered by the Visiting Justices. Similar reports are obtained for the Medical Superintendent of the Colony when application is made by relatives to take patients from the Colony for holidays. Where there are cases, normally resident in Kesteven, under detention in M.D. institutions elsewhere, assistance is granted in the same way as occasion demands.

*(d) Delegation of Duties.*

There was no delegation to voluntary societies of powers or duties under the Lunacy, Mental Treatment or Mental Deficiency Acts.

*(e) Training of Mental Health Workers.*

There are no arrangements in the County for the training of Duly Authorised Officers. All except two, however, have attended a course of training on mental health at the Sheffield University.

## **2. Work Undertaken In The Community :**

*(a) Under Section 28 of the National Health Service Act, 1946—Prevention, Care and After Care:—*

It will be recalled that the arrangements for the part-time employment by the County Council of Miss E. V. Jones, the Regional Psychiatric Social Worker of the National Association for Mental Health—to which I referred in my last Report—terminated on the 31st March. The enthusiastic way in which Miss Jones was received by the patients and the expression of appreciation she received from them were indications of the valuable work she had carried out while she was working in Kesteven.

In an endeavour to obtain another Psychiatric Social Worker, the County Council agreed to the proposal that a whole-time officer be appointed jointly with the Lincoln No. 3 Hospital Management Committee. This arrangement would conform to the Ministry of Health's recommendations to the effect that where practicable and in order to economise in trained staff, joint use should be made of Psychiatric Social Workers by local health authorities and regional hospital boards. It had, however, not been possible to implement this proposal by the end of the year. Apart from follow-up calls made in certain instances by the Duly Authorised Officers there was little of real value we could do in this important field of community care work. The County Almoner was, however, able to render a degree of assistance by furnishing social reports on mental cases attending out-patient clinics for examination or review.

As regards mental defectives, the Duly Authorised Officers undertake the statutory and friendly supervision of these cases under the provisions of the Mental Deficiency Acts. Provision has been made in our scheme for the appointment of a female mental health worker primarily for duty amongst female defectives, but such an appointment has not yet been made.

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers:—*

Details of cases dealt with by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts, during the year ended 31st December, 1950, are as follows:—

Certified under Lunacy Acts	...	...	...	60
Temporary patients under Mental Treatment Act				3
Admitted to Hospital under Section 20, Lunacy Act				13
(of these 6 were subsequently certified)				
Miscellaneous Cases	...	...	...	6

In addition 23 persons were admitted to mental hospitals as voluntary patients from the area of the County Council.

(c) *Under the Mental Deficiency Acts, 1913—1938:—*

- (i) Thirty cases were ascertained under the Mental Deficiency Acts during the year, and at the end of the year there were 27 defectives awaiting vacancies in certified institutions.
- (ii) At the end of the year 119 defectives were under statutory supervision and 95 under voluntary supervision. There were no cases under guardianship.
- (iii) There are no occupation centres for mental defectives in the County. In certain cases the Authority's Home Teacher for the Blind gives lessons in handicrafts.



Although 9 cases have been admitted to Harmston Hall and its branches during the year (7 by petition and 2 by order of the Court) there are still many cases requiring admission urgently.

It has, in fact, been necessary as a matter of urgency to admit 3 certifiable defectives to one of the County Council's residential establishments owing to their being no-one to look after them, and no vacancies being available at Harmston Hall Colony.

Repeated representations have been made by the County Council to the Regional Hospital Boards concerned regarding the urgent need for additional accommodation for defectives but it is obvious from the replies received that with the call for economy in the use of manpower and the need to limit capital expenditure, there is little likelihood that the necessary building work to meet this need will be carried out for some time to come.

The following table shows the number of certified and ascertained defectives within the County at the end of the year.

	Males	Females	Total
1—(a) In certified institutions	78	76	154
(b) On licence from institution	12	12	24
2—Under statutory supervision	67	52	119
3—Under voluntary supervision	42	53	95
4—Ascertained cases in residential establishments	13	14	27
5—At present detained in mental hospitals	8	13	21
	<u>220</u>	<u>220</u>	<u>440</u>

I am obliged to Mr. W. E. Vickers, Chief Authorised Officer, for the statistical information given in this section.

### 3. Ambulance Service :

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

Where it is necessary for trained attendants to accompany patients, these are provided by arrangement with the appropriate Hospital Management Committees.

With regard to mental treatment the Authority was responsible for providing transport for 32 cases during the year. In addition 43 patients were conveyed from local mental hospitals for other forms of treatment in various general hospitals.

## PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES

Two thousand four hundred and sixty-five cases of infectious diseases were notified to the District Medical Officers of Health during 1950, compared with 1,036 in 1949, 3,384 in 1948, 2,006 in 1947, 537 in 1946 and 1,669 in 1945.

The Notification Rates per 1,000 total population were as follows :—

							<i>County of Kesteven</i>	<i>England and Wales</i>
Smallpox	..	..	..	..	..	..	0.00	0.00
Typhoid fever	..	..	..	..	..	..	0.00	0.00
Para-typhoid fever	..	..	..	..	..	..	0.01	0.01
Scarlet fever	..	..	..	..	..	..	1.50	1.50
Diphtheria	..	..	..	..	..	..	0.02	0.02
Measles	..	..	..	..	..	..	12.78	8.39
Whooping cough	..	..	..	..	..	..	2.89	3.60
Acute Pneumonia	..	..	..	..	..	..	0.72	0.70
Erysipelas	..	..	..	..	..	..	0.16	0.17
Acute Poliomyelitis (Paralytic)				..	..	..	0.45	0.13
“ “ (Non-Paralytic)			..	..	..	..	0.31	0.05

A Table showing the distribution, etc., of the notified cases will be found on page 62 of this Report.

*Smallpox.*—Again no cases of this disease were notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

*Para-typhoid Fever.*—Two cases of this disease were notified during the year.

*Scarlet Fever.*—One hundred and ninety-five cases of this disease were recorded, compared with 254 in 1949, and an average of 170 during the years 1943-49. The incidence was evenly distributed throughout the year. There were no fatalities.

*Diphtheria.*—The continued low incidence of this dangerous disease is very gratifying, only three cases being reported with no deaths. The average number for the quinquennium 1945—1949 was 16.

*Measles.*—There were 1,660 cases notified to the District Medical Officers of Health during the year and of these no fewer than 518, or 31 per cent of the total occurred in the North Kesteven Rural District where the disease was chiefly prevalent in the last three months of the year. Unfortunately there was one death and the incidence of measles in the County was somewhat higher than in England and Wales. The following is a summary of the cases notified and the deaths registered during the past 10 years :—

Year		Cases		Death
1941	..	1,625	..	1
1942	.	352	..	—
1943	..	1,599	..	3
1944	..	44	..	—
1945	..	1,093	..	1
1946	..	111	..	—
1947	..	1,056	..	—
1948	..	2,592	..	—
1949	..	396	..	1
1950	..	1,660	..	1

(It will be noted that Measles is usually epidemic every second year).

*Whooping Cough.*—The 376 cases of this disease during 1950 was slightly above the average for the previous five years. There was one death—that of a young girl under five years of age.

*Pneumonia.* Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 93 cases coming within these categories were notified during 1950, compared with 58 in 1949 and 57 in 1948. Deaths from all forms of Pneumonia numbered 45—45 less than last year.

*Ophthalmia Neonatorum.*—Two cases were notified in the County during the year.

*Puerperal Pyrexia.*—The 6 cases reported during 1950 represent a Notification Rate of 2.7 per thousand total births (live and still) as compared with a National figure of 5.81. The average number of notifications received during the previous 5 years was 13. There were no deaths from Puerperal Sepsis during the year under review.

*Dysentery.*—Six cases of this disease were notified during the year.

*Erysipelas.*—Twenty-one cases (25 in 1949) were notified in the County during the year, representing a Notification Rate of 0.16 (0.17 for England and Wales) per thousand of the total population.

### **ACUTE POLIOMYELITIS** **REPORT ON AN EPIDEMIC DURING 1950**

An epidemic of Acute Poliomyelitis occurred in the second half of the year, during which 114 cases were notified. Details of the geographical distribution, age, incidence and mortality, are given in Tables VIII and IX, page 63.

The first case occurred in Digby, a girl, aged 4 years, who was taken ill on 12th July and admitted to Hospital on 16th July suffering from acute poliomyelitis. By 3rd August nine further cases had occurred in Digby, all of which were admitted to hospital and with two exceptions (a woman aged

27 years and a man aged 31 years) were children not exceeding six years of age. One child died on 1st August. Towards the end of this period one case occurred at Kirkby Laythorpe and two at Rowston, one of the latter, a boy aged 15 months, dying in hospital.

During the following week 24 additional cases were diagnosed or suspected as acute poliomyelitis, of which 19 were admitted to hospital. Three of the patients admitted to hospital subsequently died. By this time cases had been notified from Nocton, Ruskington, Aslackby, Metherringham, Cranwell, Brauncewell, Sleaford, Kirkby Green and Roxholm, in addition to further cases from Digby and Rowston.

By the end of the next week, i.e. 19th August, 25 more cases were notified, of which 14 were admitted to hospital, three of whom died on 20th August. Only one of these cases occurred in Digby, most of the notifications being in respect of cases at Rowston, Ruskington, Kirkby Green and Brauncewell.

Following this period the incidence decidedly lessened and during the three weeks ended 9th September, 24 cases were notified as confirmed or suspected poliomyelitis. Two deaths occurred during this latter period.

At the onset of the epidemic one of the County Council District Nurse/Health Visitors was put on special duties to assist the Digby doctor in home nursing arrangements. An Assistant County Nursing Superintendent was also engaged in general nursing of these cases and, together with the County Sanitary Officer, in making special epidemiological enquiries. Later the second Assistant County Nursing Superintendent and two other Health Visitors were also engaged, their work being directed and co-ordinated by the County Council's medical staff, who also paid visits locally to patients in an advisory capacity in association with the local medical practitioners. The County Health Department circulated the history and full clinical details of severe and fatal cases to all medical practitioners. This was of considerable assistance in diagnosis. It was also arranged for the County Council's Orthopaedic Nursing Staff to pay regular domiciliary visits to cases of paralysis in order to ensure that early steps were taken to prevent deformities from crippling. Subsequently arrangements were made for patients, when fit to do so, to attend the orthopaedic clinics at Sleaford, Grantham and Lincoln. Steps were also taken at the onset of the epidemic to suspend anti-Diphtheria immunisation and operations for tonsils and adenoids.

When the outbreak started at Digby, most of the cases occurred in the new Council Housing Estate, and therefore immediate steps were taken through the District Council to

check drainage and water supply arrangements. Having regard to the fact that a water main was known to cross a sewer serving this estate the drains were tested, and it was found that one length of drain and sewer was faulty and that there was seepage of waste liquid in the region of a water pipe stop cock. Further investigations, however, showed that no contamination of the water had occurred and numerous water samples were submitted for examination and were found to be bacteriologically satisfactory. The faulty drainage pipes were repaired.

Other precautionary measures taken by the staff of the East Kesteven Rural District included the taking of milk and ice cream samples and arranging that milk be supplied in cartons in lieu of bottles, to obviate the circulation of bottles which might have been used in infected households. Local public houses were also visited to ensure that adequate disinfection of drinking glasses was carried out, and enquiries were made to ensure that mineral water bottles returned from the Digby area were properly sterilised. A system of chlorinating the effluent from the sewage works receiving drainage from the Airey houses at Digby, was put into force.

Disinfection of houses, etc. was undertaken under the supervision of the County and District Sanitary Officers, and the spraying of numerous sewer dykes and ditches with insecticide was carried out, and attention given to the removal of known accumulations of refuse. Other action taken was as follows: Parents advised to institute home or garden quarantine. Bus proprietors to disinfect vehicles. Food handlers stopped from work. Children's cinema matinees closed. Swimming pool at Sleaford closed. Warning issued to parishioners to prevent children from playing in streams and dykes. Alternative supplies of water carted to Digby pending assurance that mains water was safe. Water was carted to Cranwell and Brauncewell. A village open air meeting was also held in Digby at which advice was given on the steps that should be taken to limit the spread of the infection. Church and chapel services in Digby were voluntarily suspended.

In view of the nature and size of the epidemic the County Public Health Department relieved the East Kesteven R.D.C. of much of the administrative work, visitation, contact tracing, etc. and co-ordinated the preventive measures generally in the County. By this time indications pointed to the spread of the infection to other areas of the County. Although a few sporadic cases had occurred in districts other than the area of the East Kesteven R.D.C. nothing so disturbing as the outbreak in Digby and, to a lesser extent, in Rowston and Brauncewell, had occurred.



Arrangements were made with the District Public Health Authorities for copies of all epidemiological enquiries to be sent to the County Health Department. It was also arranged that, upon receipt of a notification, the District Sanitary Inspectors undertake immediate investigation at the home of the patient and obtain a list of contacts, etc. and other relevant information. By this arrangement it was possible for the County Nursing Staff to be relieved of some of the initial routine visiting and to concentrate on home visiting of contacts. Owing to the high rate of incidence of poliomyelitis preceding this arrangement it had not been possible to complete all the epidemiological enquiries and therefore in the first instance those outstanding were completed both by the Nursing Staff and the Sanitary Officers. Once these outstanding records had been obtained the arrangement mentioned above came into operation.

Arrangements were made for leaflets, published by the Central Council for Health Education, to be distributed and to be available on the counters of all Post Offices in the affected areas.

Special meetings of the Digby, Ruskington, Cranwell and Brauncewell Parish Councils were addressed by members of the staffs of the health departments of the County and District Councils. In addition the members of the respective councils were given up-to-date information concerning the epidemic and were asked to encourage their parishioners to heed the advice which had been given, both in Press notices and pamphlets, in order to prevent the spread of infection.

In this connection parents were advised to protect their children as far as possible against unnecessary contact with other persons, especially with other family groups or outsiders. Stress was also laid upon the avoidance of excessive physical strain in children and curtailment of unnecessary travel and visiting. Attention was also paid to general education in the importance of adequate personal hygiene, and cleanliness of hands in the handling and preparation of food and feeding utensils. Reference was made to the great importance of cleanliness and adequate ventilation of homes, and special attention was advised to articles such as latrine seats possibly liable to excretal contamination.

Fortunately, during the early stages and when the epidemic was at its height, the schools were closed for the summer holiday. After consultation with the authorities concerned it was decided to defer the re-opening of schools in the affected areas for a limited period.



It will be noted from Table LX (page 63) that no less than 13 out of 99 confirmed cases died. The origin of the outbreak was not definitely ascertained but may well have been one to importation of a virulent strain of poliomyelitis virus from foreign personnel in a Service Camp or other undisclosed source (e.g. carrier or mild ambulant case).

The outbreak was characterised by the occurrence of a number of multiple cases in individual households and the method of transmission by case contact infection was also disclosed by means of spot maps. These clearly showed the routes of transmission of infection, in the main along the recognised bus routes. Further, in a comparatively large number of instances it was possible to demonstrate that persons who had become infected had visited infected households or establishments within the recognised incubation period.

In the Digby Estate the pattern of case distribution followed that of the social contacts. In this outbreak the incubation period, where it was possible to estimate it, ranged from 6—12 days. It is noteworthy that although sanitary conditions in many places were indifferent one of the heaviest infections occurred in a modern housing estate. It is believed also that in the affected villages a high proportion of residents were infected by carriers and were mild or abortive types of the disease. There was, however, no ascertained method of predicting which cases would develop meningitic symptoms or paralysis. As paralysis may occur after a mild initial illness and progress unobserved and rapidly, the local practitioners were advised to visit all suspected cases twice a day to detect paralysis as soon as possible. In some cases the initial symptoms resembled gastro-enteritis, tonsillitis and acute appendicitis, and in other cases, especially of early bulbar palsy, it was apparently difficult for medical practitioners to detect any abnormality and no diagnosis was made. Clinical diagnosis, was, however, not usually difficult to make. In ten cases which on clinical and epidemiological grounds were thought to be non-paralytic poliomyelitis lumbar puncture was carried out. Abnormal results were found only in those cases who had definite meningism, two of whom became paralysed within 24 hours. After the epidemic terminated cases of weakness of small groups of muscles came to light among people living in the affected areas. Some of these persons had had suspected or confirmed non-paralytic poliomyelitis but others were never noticed to be ill at all.

At an early stage of the epidemic arrangements were made with the Regional Hospital Board, in consultation with the Ministry of Health, who also rendered valuable assistance in this outbreak, to segregate all Hospital Cases at the Lincoln Isolation Hospital to avoid undue length of travel. The County Council ambulances were fitted with a special type of breathing apparatus to assist cases showing respiratory embarrassment in transit to hospital.

The nature and size of the epidemic naturally attracted attention through the National Press. It is noteworthy that approximately 30 per cent of persons over 15 years who contracted poliomyelitis died, but the case mortality of children under 15 years of age was only about 14 per cent. The unusual severity of onset and high mortality were indicative of a virulent infection which may have found its spread facilitated by the lack of immunity of the Digby inhabitants. By the occurrence of multiple cases in households, spread of infection along bus routes, and frequent history of previous contact with an infectious case, it was clear at an early stage that poliomyelitis in this epidemic was being transmitted through personal contact. This is believed to be the first occasion upon which this mode of spread has been adequately demonstrated in Britain. The subsequent measures which were taken to control the epidemic, therefore, were actuated by this epidemiological observation. On the evidence obtained it was apparent that the spread of the infection could not be attributed to infected water or food. The distribution of cases was unrelated to any water or food supply. Neither did any evidence emerge of infection from flies or sewage or contamination by dust or air. From the foregoing account it will be seen that all possible measures, in particular to prevent case contact infection, were taken, and a study of a spot map of the outbreak discloses that while the infection radiated into some adjoining areas, the outbreak was confined to the original place where it occurred and did not spread outside the East Kesteven Rural District area. This was a most satisfactory result, and illustrates the need for taking early energetic and comprehensive preventive measures in the control of this dangerous disease.

### TUBERCULOSIS

Details of the new cases of Tuberculosis coming to the notice of the County Health Department during the year under review, and of the deaths from this disease are as follows:—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp:		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	1	—	—	—	—	—	—	—
1—4 years	1	3	2	2	—	—	—	—
5—14 ..	5	9	3	6	—	—	1	1
15—24 ..	20	15	2	3	—	1	—	1
25—44 ..	22	30	2	3	5	6	1	—
45—64 ..	18	5	2	1	7	5	1	—
65—74 ..	—	—	—	—	1	—	—	—
75 and over	2	—	—	—	1	—	—	—
TOTALS ....	69	62	11	15	14	12	3	2

## Institutional Treatment:

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 108 individual patients received treatment in institutions during the year compared with 103 in 1949, 115 in 1948, 127 in 1947, and 120 in 1946 99 for respiratory or suspected respiratory tuberculosis and 9 for other forms.

	<i>Respiratory</i>			<i>Non Resp</i>			<i>Grand Total</i>
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Creaton Sanatorium .. ..	4	4	8	—	—	—	3
Kelling Sanatorium .. ..	7	1	8	—	—	—	8
Bourne Isolation Hospital .. ..	4	5	9	—	—	—	9
Papworth Sanatorium .. ..	3	—	3	—	—	—	3
Branslow Sanatorium .. ..	6	42	48	—	—	—	48
County Hospital, Lincoln .. ..	—	2	2	—	4	4	6
Harlow Wood Orthopaedic Hospital .. ..	—	—	—	—	2	2	2
Boston General Hospital .. ..	—	—	—	—	1	1	1
Nayland Sanatorium, Colchester .. ..	—	3	3	—	—	—	3
City Hospital, Nottingham .. ..	—	—	—	—	1	1	1
Corporation Hospital, Scartho .. ..	2	1	3	—	—	—	3
City Sanatorium, Lincoln .. ..	14	3	17	1	—	1	18
Osgodby Isolation Hospital .. ..	2	—	2	—	—	—	2
No. 4 Polish Hospital, Whitechurch .. ..	1	—	1	—	—	—	1
Peppaed Sanatorium, Henley-on-Thames .. ..	—	1	1	—	—	—	1
Bramblewood Sanatorium, Holt .. ..	—	2	2	—	—	—	2
East Derham Isolation Hospital .. ..	2	—	2	—	—	—	2
Foxby Hill Isolation Hospital .. ..	1	—	1	—	—	—	1
TOTALS	46	64	110	1	8	9	119

NOTE.—Eleven respiratory cases were either transferred from one institution to another or re-admitted during the year.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from pulmonary tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936 relating to the compulsory removal to hospital of persons suffering from tuberculosis.

Reference is made to the services provided for the welfare of tuberculosis patients in the Section dealing with the County Council's scheme for the Prevention of Illness, Care and After-Care on Page

Of the 157 new cases notified, 22 (18 respiratory and 4 non-respiratory) were included in the Supplemental Return to the Ministry of Health, 7 being transfers from other areas, and information concerning the other 15 cases was obtained from the Death Returns.

In comparison, there were 123 new cases in 1949 (101 respiratory and 22 non-respiratory, 102 in 1948 (84 and 18), 103 in 1947 (82 and 21) and 122 in 1945 (78 and 44).

The 26 deaths from respiratory tuberculosis represent a mortality rate of 0.20 per thousand of the total population—somewhat lower than the average for the previous 5 years.

The 5 deaths from other forms of tuberculosis (bones, joints, glands, etc.), were equivalent to a death rate of 0.04. Comparative information relating to the deaths from tuberculosis during the last decennium is as follows:—

	<i>Respiratory Tuberculosis :</i>		<i>Non-Resp. Tuberculosis :</i>	
	<i>No. of Deaths</i>	<i>Death Rate</i>	<i>No. of Deaths</i>	<i>Death Rate</i>
1941	36	0.32	12	0.11
1942	35	0.31	10	0.09
1943	38	0.33	16	0.14
1944	36	0.32	7	0.06
1945	22	0.20	9	0.08
1946	37	0.33	10	0.09
1947	42	0.36	10	0.09
1948	32	0.27	7	0.06
1949	30	0.25	5	0.04
1950	26	0.20	5	0.04

### VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Report for last year.

The following table, compiled from returns submitted by the Medical Officers of treatment centres, shows the number of Kesteven patients who attended for the first time during 1950.

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Boston	—	2	—	2
Grantham	16	12	31	59
Lincoln	3	18	34	55
Totals	19	32	65	116

### INSPECTION AND SUPERVISION OF FOOD

#### Milk and Dairies :

##### *Milk (Special Designations) (Sterilised and Pasteurised Milk) Regulations, 1949 :*

There are now four licensed pasteurising establishments in the County, one operating on the High Temperature Short Time Method and the remaining three being batch pasteurisers. Two of the latter were first licensed during 1950.

Seventy-seven samples of pasteurised milk were taken, of which three failed to comply with the phosphatase test; the remainder were completely satisfactory. No sample failed the Methylene Blue test.

Milk supplied from the above four licensed plants does not, however, represent the whole of the pasteurised milk consumed in the County for much of the pasteurised milk

supplied enters the County from nearby towns, such as Lincoln, Peterborough, Boston, Newark and Spalding. Pasteurised milk is therefore available throughout the greater part of the County.

### *Tuberculosis in Milk:*

Thirty-five samples of milk were taken for biological examination involving 89 herds. Two samples proved positive to Tubercle Bacilli and were reported to the Ministry of Agriculture and Fisheries. One case of suspected milk infection was also referred to the Divisional Veterinary Inspector as a result of investigations concerning a child suffering from a Tubercular gland.

I am indebted to Mr. G. A. Moore, Divisional Veterinary Inspector, of the Ministry of Agriculture and Fisheries, for the following report relating to Tuberculosis milking investigations and veterinary examinations of dairy herds.

"Three reports were received from the County Medical Officer of Health during 1950. Six herds were involved and two cows which were found to be excreting Tubercle Baccilli were slaughtered under the Order.

"During the year 1950 routine veterinary examinations of all the herds in the County producing milk were carried out. A total of 675 non-designated herd inspections were made, involving 7,098 cattle. This total includes the twice yearly inspection of herds, the milk from which is retailed. Eighty-eight Accredited herd inspections were made on the forty-seven Accredited herds in the County, involving a total of 1,949 cattle. The herds from which milk is retailed were, of course, inspected the usual four times a year. The health of the cattle was generally very good indeed.

"There was a substantial increase during the year in the number of Attested and Tuberculin Tested herds and at the end of the year the total in the County was 105 Licensed T.T. herds of which sixty-two were also Attested and thirty-eight Supervised five being Tuberculin Tested only. In these herds 11,018 cattle were tuberculin tested during the year and 153 reactors were found—a percentage of 1.36."

### *Milk in Schools Scheme:*

During the year all the 176 schools in the County were supplied with liquid milk.

The number and types of individual retailers approved together with schools supplied were as follows:—

12 (7) Retailers licensed to sell pasteurised milk were supplying 144 (137) Schools.

8 (7) "Tuberculin Tested" producers were supplying 23 (21) Schools.

1 (4) "Accredited" producers were supplying 1 (5) Schools.

6 (11) Producers were supplying raw milk to 8 (11) Schools.

(NOTE: Figures in brackets relate to 1949).



As will be seen from the above figures there was a further increase in the number of schools receiving Pasteurised or T.T. milk supplies; at the end of the year all but nine schools were receiving these designated supplies. The remaining raw milk supplies are being eliminated as and when designated supplies become available.

### **Disease of Animals :**

#### *Cysticercus Bovis:*

Enquiries have again been carried out into cases of cysticercus bovis found upon slaughter in animals which originated from farms in Kesleven. During the year thirty cases have been investigated. In no case has it yet been possible to discover any person suffering from tapeworm who might have been the cause of an animal becoming affected. Evidence which has been collected from these and other enquiries serves to emphasise, however, the importance of proper sanitary facilities on farms if stock is to be protected from becoming intermediate hosts to this objectionable parasite and being the cause of further infestation of man.

The Divisional Veterinary Inspector has kindly supplied the following information :—

#### *Anthrax Order, 1938 :—*

One case of Anthrax was confirmed during the year. This originated from a severe outbreak of Anthrax outside the County.

#### *Tuberculosis Order, 1938 :—*

During the year nineteen cases of Tuberculosis in cattle were reported, and fourteen animals were slaughtered under the Tuberculosis Order. Once again there has been a slight decline in the number of cases reported under the Order in the County during the year.

### **Food and Drugs Act, 1938 :**

The work in connection with sampling under the Act was carried out by the Weights and Measures Department, and I am indebted to Mr. E. T. Hawley, the Chief Inspector of Weights and Measures, for the following information :—

By way of enforcement, the Ministry of Food has suggested a sampling target of 3 per 1,000 of population and in obtaining 407 samples during the year this target was achieved both as regards the county as a whole as well as in its major rural and urban divisions. The articles sampled during the year were :—



Almonds (ground)	3	Liquid Paraffin	1
Apple juice	1	Marmalade pudding	1
Baking Powder	1	Mayonnaise	1
Balsam and Aniseed	1	Milk	266
Beef aspic jelly	1	Milk whipping	
Beef suet	1	compound	1
Bi-carbonate of soda	1	Minced meat	1
Breakfast foods	3	Mint (dried)	1
Butter	2	Mint (sauce)	2
Cake icing	1	Olive oil	4
Cheese straws	1	Orange marmalade	1
Chocolate (drinking)	2	Paste and pollted meat	10
Chutney and Pickles		Pea flour	1
(sweet)	2	Peel (mixed)	1
Cochineal (culinary)	1	Pepper	2
Cochineal (artificial)	1	Pepper flavoured	
Cocoa	1	compound	1
Coconut (shredded)	1	Saccharin tablets	1
Coffee and coffee essences	4	Sago	1
Condensed milk	6	Sage (dried)	1
Cooking fat	2	Salad dressing	1
Custard flavour	1	Sausages and sausage	
Custard powder	1	meal	23
Epsom salts	1	Semolina pearls	1
Eucalyptus oil	1	Shortbread mixture	1
Fruit sauce	1	Soft drinks and cordials	7
Gelatine (powdered)	1	Syrup of Figs	2
Ginger (ground)	1	Tomato ketchup	2
Ginger (conserved)	1	Tomato (cubes)	1
Glycerine	1	Whisky	1
Grapes	1	Vinegar (malt)	5
Honey	5	Vinegar (tarragon)	1
Horseradish relish	1		—
Ice cream	6		407
Jam tarts	1		—
Jelly and jelly crystals	3		

230 samples, all Milk, were tested in the Department's laboratory and found to be genuine, while 177 samples were submitted to the Public Analyst at Nottingham, who found that 24 of this number were adulterated. Table XII on page 63 sets out the details of action taken in the case of unsatisfactory results).

It will be seen that of the adulterated samples, 13 were milk, 8 sausage, 2 pollted meat and 1 tomato ketchup; in other words all but one of the adulterated samples were either home-made or home-produced commodities. This inferential tribute to the quality of the grocer's stock-in-trade is also a tribute to the work being done by the Food Standards and Labelling Division of the Ministry of Food in preventing the use of misleading labels and advertisements

in connection with pre-packed foodstuffs. In collaboration with the trade and, in appropriate cases, on the advice of the Medical Research Council, the Division has done much to discourage the exaggerated and often quite unjustifiable nutritional claims which were found in pre-War advertising, with the gratifying result that most foodstuffs today, even the substitute like pepper-flavoured compound and artificial cochineal, are properly described and their deficiencies revealed to the prospective purchaser.

The Labelling of Food Order, 1950, which came into force on 1st November, 1950 summarises many of the post-War codes of procedure in this field and gives the ordinary man-in-the-street a much clearer idea of what was formerly connoted by the words "the nature, substance and quality" of an article.

As in former years, a very considerable number of samples of milk has been tested in the Department's laboratory and examination of the statistics obtained during the year goes to show that milk produced in Kesteven is well above the standard fixed by the Sale of Milk Regulations.

A Sleaford Dairyman who was convicted by the Sleaford Justices for selling milk which contained 20% of added water (for the second time in two years) appealed to the High Court on a point of law. The appeal was heard in the King's Bench Division of the High Court of Justice on 6th December 1950, before the Lord Chief Justice (Lord Goddard), Mr Justice Hilberry and Mr. Justice Parker. In giving judgment for the Respondent (Mr. E. T. Hawley) the Lord Chief Justice said he was satisfied the sample was properly taken and properly analysed. He deprecated these appeals where the facts were perfectly obvious and would not allow legal punctilio to be carried to absurd limits.

Localities in which samples were taken during the year :

North Kesteven, with approximate population of	23,000	—	62	samples
South Kesteven (including Bourne U.D.C. area)	20,000	—	90	..
East Kesteven (including Sleaford)	..	..	28,000	— 63 ..
West Kesteven	..	..	18,000	— 64 ..
Grantham Borough	..	..	23,000	— 95 ..
Stamford Borough	..	..	11,000	— 33 ..
			<hr/> 128,000	<hr/> 407 <hr/>

## SANITARY CIRCUMSTANCES

### Housing :

Steady progress in the provision of houses by the County district authorities has continued throughout the year. Notwithstanding this welcome easing of the housing shortage the general housing situation remains substantially the same

as last year; many houses are still in need of repair and re-conditioning, and until there is an improvement in this respect the full intentions of the Housing Act, 1949, will fail to be realised.

*Rural Housing Survey:*

Total No. of houses surveyed to	31.12.50	9,304.
Classification of houses surveyed :—		
I	Satisfactory in all respects	1,189
II	Minor defects	747
III	Requiring repair, structural alteration or improvements	4,271
IV	Appropriate for re-conditioning under the Housing (Rural Workers) Acts	811
V	Unfit for habitation and beyond repair at a reasonable expense	2,184
	Houses surveyed but not yet classified	102
	Houses condemned but occupied under licence	7

*Improvement Grants—Housing Act, 1949*

Applications dealt with by R.D.C.'s (to 31st December, 1950)

Received	16
Approved	13
Rejected	2
Under consideration	1

Applications submitted to Regional Office of Ministry :

No. sent	14
No. approved	5
No. rejected	6
No. under consideration	3

**Water Supplies and Sewerage :**

Satisfactory progress has continued to be made in the provision of piped supplies in the rural areas of the County. Whilst some villages are still in urgent need of adequate supplies the extension of mains in rural localities is steadily solving this longstanding problem. It is regrettable that the provision of complementary sewerage schemes lags behind that of water. This matter was dealt with in my last report but I would again stress the importance of the provision of adequate water carriage systems of sewerage if the benefit to public health which can be derived from piped water supplies is not to be prejudiced.

**Protection of Underground Water Supplies :**

During the year a special enquiry, which had extended over a number of years, into the underground water resources of Kesteven was completed. This investigation had regard to

risks of pollution of these underground water supplies by sewage effluents. My report upon the findings of this enquiry, together with recommendations on the precautions and preventive measures to be adopted, was presented to the County Council. Copies of the report have also been forwarded to all the County District Councils in Kesteven, the constituent authorities of the Kesteven District Water Supplies Joint Consultative Committee, the Ministry of Health and H.M. Geological Survey.

### **School Hygiene :**

It is satisfactory to record that progress has been made in the provision of water closets in lieu of pails or vaults at some rural schools. During the year conversions were carried out at eight County Schools. As a result of the provision of piped water supplies to many villages under regional water schemes, it is hoped that it will not be long before many more schools will have taken advantage of these piped supplies and that it will be possible in consequence to install modern systems of sanitation.

The inadequacy of drainage facilities continues in many cases to hamper the execution of conversion schemes as the installation of septic tanks for the treatment of foul discharges is not always practicable. Until proper sewerage schemes are available it will thus not always be possible to anticipate the provision of water closets as the logical outcome of the provision of mains water. Fortunately, however, there has been considerable extension during the year of the facilities offered by District Councils for the quick emptying of pails and cess-pools: hence some of the difficulties of conservancy sanitation at certain schools have been resolved.

Bearing on this question of improved water supplies and sewerage is that of hand washing facilities in schools. The lack or inadequacy of such facilities in many rural schools has in the main been brought about by the almost complete absence of proper systems of water supply and sewerage and therefore with the advent of piped water supplies the desired changes as regards washing facilities, which are so essential if school children are to be encouraged properly to practise personal hygiene, becomes possible.

Table I.—Vital Statistics, 1950

DISTRICT	Popul'n Mid-year 1950 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de D'th R't	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne ...	5,360	42	35	77	14.36	14.64	1	1	2	3	1	4	51.95	30	27	57	10.63	9.77
Grantham ...	23,330	206	195	401	17.19	17.19	1	2	3	8	4	12	29.92	133	135	268	11.49	11.14
Sleaford ...	7,770	55	70	125	16.09	16.09	1	1	2	3	6	9	72.00	54	47	101	12.99	12.08
Stanford ...	11,230	81	83	164	14.60	15.18	2	—	2	3	2	5	30.49	75	75	150	13.36	12.29
Total Urb. Dists.	47,690	384	383	767	16.08	16.24	5	4	9	17	13	30	39.11	292	284	576	12.08	11.47
East Kesteven ...	21,470	181	151	332	15.46	15.76	6	3	9	8	4	12	36.14	109	111	220	10.24	11.36
North Kesteven ...	28,670	249	209	458	15.97	16.60	3	4	7	17	7	24	52.40	147	141	288	10.04	9.93
South Kesteven ...	14,230	129	116	245	17.21	19.10	4	6	10	5	4	9	36.73	107	70	177	12.44	10.82
West Kesteven ...	17,750	195	182	377	21.24	22.72	6	7	13	7	8	15	39.79	103	91	194	10.93	10.38
Total Rur. Dists.	82,120	754	658	1412	17.19	18.05	19	20	39	37	23	60	42.49	466	413	879	10.70	10.59
Total Adminis- trative County...	129,810	1138	1041	2179	16.78	17.45	24	24	48	54	36	90	41.30	758	697	1455	11.20	10.75

Table II Showing for each County District the Number and Causes of Death during 1950

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sleaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory ...	—	6	5	3	14	2	7	2	1	12	26
2. Tuberculosis, other ...	—	1	—	—	1	—	1	1	2	4	5
3. Syphilitic disease ...	—	2	—	—	2	—	2	1	1	4	6
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	1	—	1	—	—	—	—	—	1
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	—	—	1	—	1	10	3	—	1	14	15
8. Measles ...	1	—	—	—	1	—	—	—	—	—	1
9. Other infective and parasitic diseases ...	—	—	1	2	3	1	1	1	—	3	6
10. Malignant neoplasm, stomach ...	1	6	2	10	19	3	9	6	2	20	39
11. Malignant neoplasm, lung bronchus ...	—	8	—	1	9	3	3	3	2	11	20
12. Malignant neoplasm, breast ...	—	5	—	1	6	1	2	1	4	8	14
13. Malignant neoplasm, uterus ...	1	2	2	1	6	3	2	1	1	7	13
14. Other malignant and lymphatic neoplasms ...	3	23	10	14	50	21	19	13	14	67	117
15. Leukaemia, aleukaemia ...	—	—	1	1	2	—	—	1	2	3	5
16. Diabetes ...	2	2	2	1	7	1	2	1	2	6	13
17. Vascular lesions of nervous system ...	12	35	9	17	73	30	40	27	33	130	203
18. Coronary disease, angina ...	1	25	14	28	68	20	29	21	14	84	152
19. Hypertension with heart disease ...	—	1	2	1	4	18	14	4	3	39	43
20. Other heart disease ...	9	56	13	25	103	34	55	28	36	153	256
21. Other circulatory disease ...	2	19	3	13	37	6	5	3	7	21	58
22. Influenza ...	1	2	—	2	5	1	—	2	1	4	9
23. Pneumonia ...	7	5	3	3	18	9	8	3	7	27	45
24. Bronchitis ...	6	17	3	8	34	3	11	9	13	36	70
25. Other diseases of respiratory system ...	—	1	2	1	4	1	4	4	3	12	16
26. Ulcer of stomach and duodenum ...	—	4	—	2	6	1	3	4	—	8	14
27. Gastritis, enteritis and diarrhoea ...	—	2	1	1	4	—	2	—	2	4	8
28. Nephritis and nephrosis ...	—	2	—	1	3	4	5	2	3	14	17
29. Hyperplasia of prostate ...	2	3	—	1	6	4	—	1	4	9	15
30. Pregnancy, childbirth, abortion ...	—	—	1	—	1	—	—	—	—	—	1
31. Congenital malformations ...	—	3	2	1	6	3	6	1	6	16	22
32. Other defined and ill- defined diseases ...	7	31	16	9	63	26	32	31	21	110	173
33. Motor vehicle accidents ...	1	2	2	—	5	3	2	2	1	8	13
34. All other accidents ...	1	4	3	2	10	8	20	3	6	37	47
35. Suicide ...	—	1	1	1	3	4	1	1	2	8	11
36. Homicide and operations of war ...	—	—	1	—	1	—	—	—	—	—	1
ALL CAUSES ...	57	268	101	150	576	220	288	177	194	879	1455



Table III.—Causes of Death at Different Periods of Life during 1950.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS									AGGREGATE OF RURAL DISTRICTS								
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
		292 284	17 13	2 —	2 1	3 2	14 13	61 41	76 80	117 134	466 413	37 23	4 5	12 3	16 5	29 21	74 66	133 110	161 180
ALL CAUSES ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
1. Tuberculosis, respiratory	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
2. Tuberculosis, other ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
3. Syphilitic disease	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
4. Diphtheria ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
5. Whooping Cough	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
6. Meningococcal infections	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
7. Acute poliomyelitis	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
8. Measles	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
9. Other infective and parasitic diseases ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
10. Malignant neoplasm, stomach	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
11. Malignant neoplasm, lung bronchus ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
12. Malignant neoplasm, breast ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
13. Malignant neoplasm, uterus ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
14. Other malignant and lymphatic neoplasms	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
15. Leukaemia, aleukaemia	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
16. Diabetes	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
17. Vascular lesions of nervous system ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
18. Coronary disease, angina	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
19. Hypertension with heart disease ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
20. Other heart disease	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
21. Other circulatory disease	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
22. Influenza	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
23. Pneumonia	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
24. Bronchitis	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
25. Other diseases of respiratory system ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
26. Ulcer of stomach and duodenum ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
27. Gastritis, enteritis and diarrhoea ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
28. Nephritis and nephrosis	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
29. Hyperplasia of prostate	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
30. Pregnancy, childbirth, abortion	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
31. Congenital malformations	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
32. Other defined and ill-defined diseases ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
33. Motor vehicle accidents	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
34. All other accidents	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
35. Suicide...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
36. Homicide and operations of war ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	



Table IV.—Birth Rates, Death Rates and Analysis of Mortality during 1950

	Rates per 1000 total Popul'n		Death Rates per 1,000 total Population								Rates per 1,000 Live Births			
	Live Births	Still-Births	All Causes	Typhoid and Paratyphoid Fever	Whooping Cough	Diphtheria	Tuberculosis (All forms)	Influenza	Small-pox	Acute Poliomyelitis including Polioencephalitis	Pneumonia	Measles	Deaths under 1 year of Age	Deaths from Diarrhoea and Enteritis under 2 years
England and Wales ...	15.8	0.37	11.6	0.00	0.01	0.00	0.36	0.10	—	0.02	0.46	—	29.8	1.9
126 County Boroughs and Great Towns (including London) ...	17.6	0.45	12.3	0.00	0.01	0.00	0.42	0.09	—	0.02	0.49	—	33.8	2.2
148 Smaller Towns (Resident Popul'n 25,000-50,000 at 1931 Census) ...	16.7	0.38	11.6	0.00	0.01	0.00	0.33	0.10	—	0.02	0.45	—	29.4	1.6
London Administrative County ...	17.8	0.36	11.8	0.00	0.01	0.00	0.39	0.07	—	0.01	0.48	—	26.3	1.0
County of Kesteven ...	Crude 16.78	0.37	Crude 11.20	0.00	0.01	0.00	0.24	0.07	—	0.11	0.34	0.01	41.3	2.7
	Nett 17.45		Nett 10.75	0.00	0.01	0.00	0.23	0.06	—	0.10	0.32	0.01		

Table V.—Official Infant Welfare Centres, 1950

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5	Total
ALMA PARK— Grantham ...	First and Third Wednesday in the month	82	70	152	551	454	1005 (45)	84	59	143
ANCASTER—... Oddfellows Hall	Fourth Thursday ...	17	13	30	51	46	97 (9)	13	8	21
BASSINGHAM— Comrades Hall	Second Tuesday ...	31	19	50	107	49	156 (15)	88	42	130
BILLINGBOROUGH— Foresters Hall	Third Tuesday...	35	60	95	142	221	363 (33)	93	104	197
BILLINGHAY— Church Hall ...	Second & Fourth Wednesday	54	52	106	309	295	604 (27)	95	81	176
BOURNE— The Clinic, North Rd.	First and Third Thursday ...	112	86	198	695	459	1154 (48)	283	192	475
BRACEBRIDGE HEATH Village Hall ...	Fourth Thursday ...	40	56	96	162	346	508 (42)	79	122	201
BRANSTON— Methodist Chapel	Second Tuesday ...	34	68	102	135	333	468 (39)	63	90	153
BRANTBROUGH— Village Hall	Third Thursday ...	6	8	14	13	13	26	—	—	—
CASTLE BYTHAM— Village Hall ...	Second Wednesday ...	29	23	52	90	93	183 (18)	43	30	73
CLAYPOLE— Village Hall	First Thursday...	21	12	33	51	57	108 (15)	4	4	8
COLSTERWORTH— Wesleyan School ...	Fourth Monday ...	28	33	61	137	229	366 (30)	20	17	37

Table V (continued)—Official Infant Welfare Centres, 1950

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer	
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5
CORBY— Church Room ...	Fourth Friday ...	26	47	73	66	137	203 (20)	50	78
EAGLE— Methodist Schoolroom ...	Second Wednesday ...	21	34	55	68	180	248 (21)	56	133
FOLKINGHAM— Village Hall ...	First Friday ...	35	38	73	93	145	238 (24)	88	130
FULBECK— Reading Room ...	Last Wednesday ...	47	42	89	153	174	327 (27)	26	22
GRANTHAM— 40 Westgate ...	Every Tuesday, Wednesday, and Thursday ...	447	399	846	3922	2073	5995 (53)	99	257
GREAT GONERBY— Memorial Hall ...	First Monday ...	24	24	48	66	89	155 (19)	38	26
HECKINGTON— Village Hall ...	Third Thursday ...	32	27	59	168	208	376 (34)	54	60
MARKET DEEPING— Annexe to New Inn ...	Second and Fourth Monday ...	46	28	74	277	167	444 (19)	64	24
MARTIN— Wesleyan Church Schoolroom ...	Third Wednesday ...	19	32	51	102	110	220 (24)	44	45
METHERINGHAM— Village Hall ...	First and Third Wednesday ...	58	67	125	441	449	890 (39)	206	180
MORTON— Cadets' Hut ...	Third Friday ...	31	20	51	132	59	191 (16)	111	49
NAVENBY— Wesleyan School ...	Second Friday ...	43	36	79	154	191	345 (29)	100	114
NORTH HYKEHAM— Wesleyan School ...	Second and Fourth Tuesday ...	72	53	125	419	279	698 (30)	182	117



Table V (continued)—Official Infant Welfare Centres, 1950

Address of Centre	Days of Opening	Individual Children who attended			Attendances		Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Infants aged 0—1	Children aged 1—5	Total
ROPSLEY— Village Hall ... ..	Third Friday ... ..	13	15	28	59	52	—	—	—
SKELTINGTHORPE— British Legion Hall ...	Second Monday ... ..	24	20	44	111	90	86	56	142
SLEAFORD— The Clinic, Eastgate ...	Every Monday ... ..	182	232	414	1657	1297	548	459	1007
SOUTH WITTHAM— Church Hall ... ..	Third Wednesday ... ..	15	9	24	84	60	—	—	—
STAMFORD— The Clinic, Barnhill ...	Every Friday ... ..	141	115	256	1114	794	188	105	293
THURLBY— Chapel Hall ... ..	Second Friday ... ..	15	21	36	66	87	—	—	—
WADDINGTON— Wesleyan School ... ..	First and Third Tuesday ...	73	81	154	528	524	181	134	315
WASHINGBORO— Village Hall ... ..	Second Thursday ... ..	37	61	98	177	410	75	141	216
Heighington ... ..	...								

Centre at Martin taken over March, 1950.

Centre at Great Gonerby opened May, 1950.

Table VI.—\*Premature Infants Born during 1950

	DEGREE OF PREMATURITY				WEIGHT AT BIRTH			
	Under 2 weeks	2 weeks & over	4 weeks & over	6 weeks & over	8 weeks & over	Under 3 lbs. 3 lbs. & over	4 lbs. & over	5—5½ lbs. Totals
<b>(1) Born at home and nursed entirely at home :—</b>								
(a) Died during first 24 hours ...	—	1	—	—	1	1	—	2
(b) Died aged 1—7 days ...	—	—	—	—	—	—	—	—
(c) Died aged 8—14 days ...	—	—	—	—	—	—	—	—
(d) Died aged 15—28 days ...	—	—	—	—	—	—	—	—
(e) Survived 4 weeks... ...	22	8	1	1	1	—	14	33
<b>(2) Born at home and removed to hospital :—</b>								
(a) Died during first 24 hours ...	—	—	—	2	—	1	1	2
(b) Died aged 1—7 days ...	1	—	1	—	1	1	—	3
(c) Died aged 8—14 days ...	—	—	—	—	—	—	—	—
(d) Died aged 15—28 days ...	—	—	—	—	—	—	—	—
(e) Survived 4 weeks... ...	2	2	1	—	—	—	1	5
<b>(3) Born in Hospital or Nursing Home :—</b>								
(a) Died during first 24 hours ...	—	2	2	4	1	3	3	9
(b) Died aged 1—7 days ...	1	—	2	2	—	1	1	5
(c) Died aged 8—14 days ...	—	1	—	—	—	—	—	1
(d) Died aged 15—28 days ...	—	—	1	3	—	3	1	4
(e) Survived 4 weeks... ...	29	27	7	5	1	1	19	69
TOTALS ...	55	41	15	17	5	11	40	133

\*i.e., babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation.

Table VII.—Distribution of Notified Cases of Infectious Diseases in Rural and Urban Districts, 1950  
(including Non-Civilians)

SANITARY District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis	Enteric Fever	Para-Typhoid Fever	Malaria
Bourne U.D. ...	132 (79)	17	—	84	7	18	—	—	—	—	3	1	—	1	1
Grantham M.B.	344 (309)	14	—	293	16	14	—	—	1	2	2	—	1	—	—
Sleaford U.D.	71 (75)	5	—	14	33	2	—	1	1	2	2	4	—	1	—
Stamford M.B.	394 (230)	35	—	233	92	25	—	1	3	—	3	1	—	—	—
Aggregate of Urban Districts	941 (693)	71	—	624	148	59	—	2	5	4	10	6	8	1	2
E. Kesteven R.D.	469 (88)	64	—	218	118	7	—	—	—	—	1	35	26	—	—
N. Kesteven R.D.	592 (107)	4	3	518	52	6	—	—	—	1	1	6	1	—	—
S. Kesteven R.D.	294 (69)	23	—	199	44	13	—	—	—	—	6	6	3	—	—
W. Kesteven R.D.	169 (79)	33	—	101	14	8	—	—	1	1	3	6	2	—	—
Aggregate of R.D.'s	1524 (343)	124	3	1036	228	34	—	—	1	2	11	53	32	—	—
Totals for whole County	2465 (1036)	195 (254)	3 (2)	1660 (369)	376 (277)	93 (58)	— (1)	2 (2)	6 (3)	6 (1)	21 (25)	59 (17)	40 (—)	1 (—)	2 (—)

Note.—Figures in brackets relate to 1949

**Table VIII—Details of Cases of Poliomyelitis Notified in  
Kesteven during 1950**

Parish	HOSPITAL		HOME	Totals
	Confirmed	Not confirmed		
Deeping St. James ...			1	1*
Barkston ...	1			1* 2
Aisby ...		1		1
Ancaster ...	2			2
Ashby-de-la-Launde ...			1	1
Aslackby ...	2		1	3
Aubourn ...		1		1
Bourne ...	1			1
Bramcewell ...	4		2	6
Caythorpe ...	1			1
Claypole ...	1	1		2
Cranwell ...	2	1	2	5
Counthorpe ...	1		1	2
Digby ...	13		3	16
Dorrington ...	1			1
Dunston Heath ...	1			1
Folkingham ...	1			1
Grantham ...	1	2		3
Great Hale ...	1			1
Heckington ...	1			1
Kirkby Green ...	3		1	4
Kirkby-la-Thorpe ...			1	1
Leasingham ...		1		1
Little Bytham ...	1	1		2
Metherringham ...	2		1	3
Nocton ...	1			1
North Rauceby ...		1		1
North Scafe ...	1			1
Old Somerby ...		1		1
Potterhanworth ...	1	1		2
Ropsley ...	1			1
Rowston ...	5	2	5	12
Roxholm ...	2		3	5
Ruskington ...	6		3	9
Scopwick ...		1		1
Sleaford ...	10	1		11
Stamford ...	2	1		3
Sudbrook ...	1			1
Swarby ...			1	1
Swayfield ...	1			1
Spitalgate R.A.F. ...	1			1
Walcot Dales ...	1			1
Welby ...		1		1 114
TOTALS ...	73	17	26	116

\* Occurred prior to 17.7.50

**Table IX. Poliomyelitis : Age Grouping of Notified Cases**

Age Group	HOSPITAL		HOME	Totals	Deaths
	Confirmed	Not Confirmed			
0—4	31	1	4	36	3
5—9	21	4	8	33	4
10—14	7	3	2	12	1
15—24	5	4	7	16	1
25 & Over	9	5	5	19	4
TOTALS	73	17	26	116	13

Table X.—Ambulance Services

(1)		Number of Vehicles at 31st Dec., 1950 (2)	Total No. of Journeys during the year (3)	Total No. of Patients carried the during the year (4)	Number of Accident and other Emergency Journeys included in col. (3) during the year (5)	Total Mileage during the year (6)	Number of paid whole-time Staff at 31st Dec. 1950 (7)
Directly Provided Service	Ambulances	10	3,952	6,275	1,285	124,739	5
	Cars ...	5	3,816	5,627	330	111,678	
Agency Service(s) ...	Ambulances	9	1,907	2,347	330	37,092	22
	Cars ...	4	2,497	2,876	17	60,636	
Supplementary Service(s)*	Ambulances		—	—	—	—	/
	Cars ...		11	17	2	594	

\* Hospital Car Service : — Nine owner drivers are available for the transportation of sitting cases



Table XI.—Specialist Clinics

	ORTHOPAEDIC	OPHTHALMIC*	E.N.T.*	RHEUMATISM AND HEART*
BEACONFIELD, GRANTHAM ...	Mon., 9 a.m.—12 noon Wed., 9 a.m.—5 p.m. Fri., 9 a.m.—5 p.m. Sat., 9 a.m.—12 noon	1st & 3rd Fri. each month, 10 a.m.—1 p.m.	Last Friday each month—11 a.m. to noon	As and when required
BARNHILL HOUSE, STAMFORD ...	Tues., 2—4.30 p.m.	1st & 3rd Thurs. ea. month, 2—4 p.m.	—	—
NORTH STREET BOURNE ...	Tues., 10 a.m.—12 noon	2nd and 4th Thurs. 2—4 p.m.	—	—
LAFFORD HOUSE SLEAFORD ...	Mon., 2—4.30 p.m. Thursday, 9.30 a.m.— 4.30 p.m.	First Tuesday each month 3—5.30 p.m.	1st Fri., each month 11 a.m.—1 p.m.	As and when required
30 LINDUM ROAD LINCOLN... ..	—	—	—	3rd Tues. each month 10 a.m.—12 noon

*Surgeon attends as required*      \* *under arrangements with the Regional Hospital Boards*

In addition to the above four fully equipped dental clinics are provided where infants and expectant and nursing mothers can be treated. These unfortunately have been temporarily closed owing to lack of staff.

**Table XII.—Action taken under the Food and Drugs Act, 1938, in Cases of Unsatisfactory Samples, 1950**

No. of Sample	Article	Report of Public Analyst	Action Taken
44	Milk	Contained 20% of added water.	Vendor fined £10 and £6 6 0 costs. Defendant appealed but High Court found for Respondent, with Costs.
66	Pork sausage	Meat deficiency 9.6%	Vendor fined £2.
67	Beef sausage	ditto 1.6%	Within permitted margin. No action.
68	Pork sausage	ditto 1.2%	ditto
73	Tomato ketchup	Excessive amount of copper	Reported to Ministry of Food (Food Standards and Labelling Division).
79	Milk	Contained only 2.4% of milk-fat	Farmer milking 2 cows, 1 giving milk low in fat. Advised to mix.
94	Potted meat	Contained 2.89% excess of starchy matter.	Vendor cautioned
95	Beef sausage meat	Meat deficiency 5.2%	ditto
96	Beef sausage	ditto 6.8%	ditto
100	ditto	ditto 2.0%	Within permitted margin. No action taken.
103	Potted Meat	Meat paste containing 65% meat	This product was being sold at 20% more than permitted maximum price, but was 20% better than <del>was</del> normal Meat Paste. Vendor was advised to alter either recipe or price.
125	Pork sausage	Meat deficiency 2.25%	Within permitted margin. No Action.
228	Milk	Contained only 2.46% of milk-fat.	Farmer milking 3 cows, 1 giving milk low in fat. Advised to mix.
237	Milk	Contained only 2.8% of milk-fat	Appeal sample taken from mixed milk of herd of 40 cows contained 2.64% of fat (12% below minimum standard) Farmer advised to adjust milking times.
257	Milk	Contained 2.0% of added water	Vendor cautioned
264	Milk	Cont. 7% of ad. water.	Legal proceedings taken against producer, who was found to be responsible. 3 Informations were laid and fines totalling £15 imposed.
275		" 12% " "	
278		" 8% " "	
279		" 10% " "	
286		" 8% " "	
287		" 9% " "	
288		" 11% " "	Vendor cautioned.
306	Pork sausage	Meat deficiency 3.0%	
374	Milk	Contained 9.4% of added water	Vendor who was also the producer, was fined £5 and £2 2 0 costs.

**Averaged Composition of Milk Samples other than Adulterated Samples tested during 1950**

	Number tested	Average fat Content	Average solids other than fat
Morning's milk ...	155 (138)	3.41% (3.39%)	8.80% (8.90%)
Evening's milk ...	59 (58)	4.16% (4.18%)	8.85% (9.01%)
Mixed milk ...	42 (36)	3.66% (3.65%)	8.86% (8.87%)
Average of all samples analysed ...	256 (232)	3.62% (3.63%)	8.82% (8.92%)

The figures in brackets are the comparable figures for 1949







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